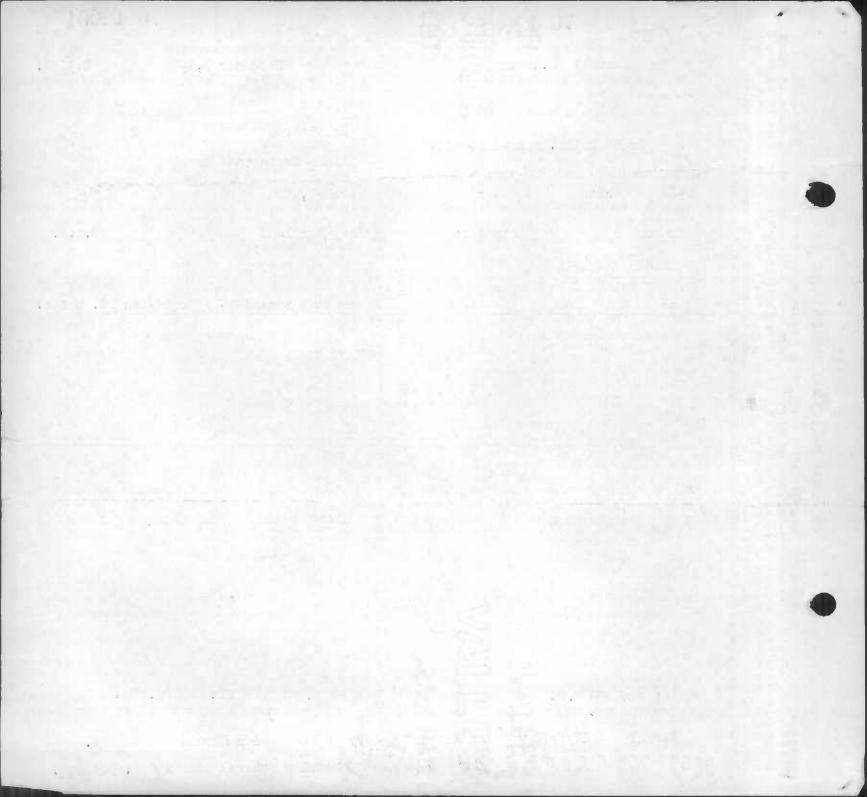
-		1.60	50	1005	BALTIMORE CITY	HEALTH DEPARTMENT		71	0 120	TAY .
	1-24	2	10	12001	CERTIFICA	TE OF DEATH	REG.	NO	0 140	UŁ
BIRT	H NO.				CERTITION					
	AME OF DEC		ਾ ਹ	Shooles 7			AND HOUR OF			
-		Samu		Sheckel			ember 7,			2:30 A. M.
3. P	LACE IN BAL	TIMORE, MA	ARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W. A. STATE 8. COL		ved. If institu	illon: residence	before odmission)
	LNAMEOF	(IF NOT	T IN HOSPITA	AL OR INSTIT	UTION, GIVE STREET	Maryland			24-1	14
INS	SPITAL OR	A DDRE	SS OR LOCA	(IION)		C. CITY OR TOWN		D. INSIDE	CITY LIMITS?	
1						Baltimore		YE	S	NO 🗌
	40	South B	Balto.Ge	eneral	Hospatal	E. STREET AND NUMBER				
	70					1528 Covin	gton Str	eet		
5. S	EX	6. RACE		7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In ye lost birthdoy)	eors If	Under 1 Yr.	If Under 24 Hrs. Hours Min.
	Male	Whit	e	WIDOWED.	DIVORCED	March 1,1884	90			1
				10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	oreign country)	ī	2. CITIZEN OF	WHAT COUNTRY?
		working life, ev	ven if retired)	01.	173	25 - 7 - 2			**	0 4
	Iron Wo			Ship :	ıard	Maryland			U.	S.A.
13. F	ATHER'S NA	ME				14. MOTHER'S MAIDEN N	AME			
	Fletch	er Shec	kels			unkno	wn			
15. V	Vas Deceased	Ever in U. S	S. Armed Ford	tes?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRE	SS
(165		ir iii yes, give	e wor or dote.	s of servicer		Pumatta Sam	אל זכטב	Carrina	ton St	7-7+0
	no	- 12			CAUSE OF DEAT	Burnette Sewa	ru 1525	солтив		MALUO •
	1B.	0.7			CAUSE OF DEAT	n			BETWEEN	ONSET AND DEATH
	DISEA	SE OR CON LEADING		ECTLY	/	/	2000	7 4	17/	10-
	(This door			dvina o a	(A) IMMEDIAJE CA	seronary (Jen	ino	- Herris	necliare
	(This daes not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. II means the disease,									
			ic. II lilealls							
	injury or cor	mplication wl			11	4 0 1				0 1 6
			hich coused		Erterio selo	rotio Condin	- 1 Noscus	len of	inene 6	But I year
		mplication wl	NT CAUSES	deoth.)	ertegio sele	rotis Cardio	- Wood	len d	inene 6	but Tyear
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1 rac	uting cause of death ed cause, (5) Deceased ar attendance on the prior to death. Such de.
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
FUNERAL DIREC	e approved by the chief medical exa of any nature; (2) Body burns; (3) A tal (except where the physician w th); and (6) No physician was in r
	This certificate must be the body was released shows: (1) An accident was D.O.A. at a hospit deceased prior to deal written approval must

0	= 20		BALTIMORE CITY	HEALTH DEPARTMENT		70 10050
BIRTH NO	70	12002	CERTIFICA	TE OF DEATH	REG. NO	70 12002
Type or P	OF DECEASED			2. DATE	AND HOUR OF DEATH	
3. PLACE	IN BALTIMORE MARYLAND, W	DIN ECK!	ED DEAD	DEC	.9,1970	19:30 A.M
-				A. STATE B. COL	UNTY	nstitution: residence belore admission
FULL NAM	OR ADDRESS OR LOC	AL OR INSTITUTIO	N, GIVE STREET	C. CITY OR TOWN	VI)	9.6
UN		MARYL	AND	BALTHAC	EN PURNIE	YES XX NO T
21	HOSPITAL		11.10	E. STREET AND NUMBER	(2	A -
5. SEX	6. RACE	7. MADDIED EZI A	Investment T	8. DATE OF BIRTH	9. AGE (In years	
FE	M WHITIZ	WIDOWED T	DIVORCED T	7/17/21	last birthday	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
IOA. USUA	OCCUPATION (Give kind of work most of working life, even if retired)			11. BIRTHPLACE IState or Ic	preign country)	12. CITIZEN OF WHAT COUNTRY
11/11/	in K	Social	Socuraty	MARYIA	611	USA
13. FATHER		ER	- 404.41.4	14. MOTHER'S MAIDEN N	AME	
CHA	RLES HILKE	N		ANNA MIE	SENHALD	TER STATE
15. Was De	nknown) (If yos, give war or date	ces? 16. s af service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
V	0.	317	-18-5214	Joseph A. Kon	ecki	
18.4	-12.31	1 P	CAUSE OF DEATH	7		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	DISEASE OR CONDITION DIS LEADING TO DEATH	RECTLY	1.41	PENINI	-111103	1
(This	does nal mean the made of laiture, osthenia, etc. Il means	dying, e.g.	DUE TO, OR AS	SE CONSEQUENCE OF:	ALLUICE	DAYS
injury	or camplication which caused	deoth.)	MA		WILLS I DAT-	
0.55	ANTECEDENT CAUSES		(B) HE/9	ORRHAGIE	SHOCK +	ollowing Jugery
rise	SES OR CONDITIONS, if a the above couse (A)	any, giving stating the	DUE TO, OR AS	A CONSEQUENCE OF:	J	, , , ,
UNDE	RLYING CONDITION last		(c)		***************************************	***************************************
OTHER	11 SIGNIFICANT CONDITIONS CO	NTRIBUTING	- rap Dai	nall APTZ	Py Di-Pas	2 11000
II < IDISEAS	DEATH BUT NOT RELATED TO THE OR CONDITION GIVEN IN PART	[] (A).	COLCAM	HMY TILLE	RY DISBAS	of years
19A.D	TE OF OPERATION 198. CON	ORMED		20A. AUTOPSY? (Yes ar I	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	CCIDENT WAS UNDERLYING	218, PLA		or about 21 C. WHERE DID	(If In Baltimar	e City, give exact location)
3 DEATH	NTRIBUTING CAUSE OF	home, (g	m, factory, street, all	ice bldg., INJURY OCCUR?	W III OCIMINA	and Area executorial
21 D. TH	ME (Manth) (Doy) (Year)	(Haud 21E INJ	JRY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
E (APPRO		While At	Not While			
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thot (I) (we) lost saw the decease	d alive on De	C= 1,	19_70ond 1		nion deoth occurred an the dote
ond ho	ur and from the causes stat	ed abave. (1) (We) (did) (did nat) vi	ew the body after death		
1 1/1	ON PON MALLIAN	in Ma	Atten	ding Med.	Shelf Intel	23B, DATE SIGNED
	YSICIANS	nog h , u	DEGREE Phys.	Director L	Shaff Phys.	Dec. 9 1770
CHI	ACLIES M. HAR	RISON	Mi	UNIV OF MA	ACY LAND	HOSPITAL
24A. BURIA REMO	L CREMATION, 248, DATE VAL ISpecily)	24C.NAME	OF CEMETERY OF CRE	MATORY 24D.	LOCATION (Cit	ly, town, or county) (State)
11 12.	Rip/ 12-12-	70 GLAI	y HAVEN.	Comstan	Parlan Bus	Nie MH.
25A, DATE		25B, NAME OF RE	SISTRAR	25C.) FUNERAL DIRECTO	0.00	ADDRESS
VS 150-REV	- 1/1/68	- Various A	4	Ma Colly.	- 237 TATA	psco Hue, 21225

2/5/71 - not a Therapeutic misado. Mal epan De Komblum zra phone

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	5-652 70	120	BALTIMORE CITY	HEALTH DEPARTMENT	REG. NO.	70	12063	
BII	TH NO.	マケクリ	JO CERTIFICA	TE OF DEATH	REG. 140	- 1 9	2000	
	PAME OF DECEASED				ID HOUR OF DEATH			
12	SCHARNA(SLE, M	ATTHEW MARK	DECE	MBER 6, 1	970	7:00 A.M.	
1	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONU	UNCED DEAD	4. USUAL RESIDENCE (Who	re deceased lived. If i	institution; rosi	donce belore odmission)	
HIH	OSPITAL OR ADDRESS OR LOCA	L OR INSTIT	UTION, GIVE STREET		ALTIMORE		21227	
IN	STITUTION	BALT I MORE	D. IN	SIDE CITY LIM				
	ST. AGNE	ES HOS	PITAL	E. STREET AND NUMBER		YES	NO	
	40			1324 STEVEN	S AVENUE			
5.	SEX 6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1	Yr. Il Under 24 His.	
	MALE WHITE	WIDOWED	DIVORCED T	03 14 69	lost birthdoy) ,	Months	oys Hours Min.	
104	. USUAL OCCUPATION (Give kind of work eduring most of working life, even it retired)	108, KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or lore		12. CITIZEI	N OF WHAT COUNTRY?	
	SILVER POLISHER			MARYLAND			S.A.	
2	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME			
	JOSEPH SCHARNAGLE			HATTIE (TEUFU	L)			
15.	Was Deceased Ever in U. S. Armed Face	es?	1 6. SOCIAL			DALTOA	DDRESS 0 1 0 0 0	
110	no or unknown) (If yes, give wer or deter	of service!	750076517	ST. AGNES HO	NS AVES.	RALIO.	CATON 8	
_	18.		CAUSE OF DEATH		31 1762 172		APPROXIMATE INTERVAL	
	DISEASE OR CONDITION DIR	ECTLY				861	WEEN ONSET AND DEATH	
	LEADING TO DEATH		(A) IMMEDIATE CAU	SE CA prostar	i e		1 yr	
	Whis does not mean the mode of heal failure, asthenia, etc. It means	the disease,	1	CONSEQUENCE OF:				
	injuly of complication which coused	deo th.)		anud muta	2 tank	1		
	ANTECEDENT CAUSES		(B)	and a fore	0 100 01 3			
	DISEASES OR CONDITIONS, if a	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:				
	UNDERLYING CONDITION last.	ore ming	(c)	**********************			***************************************	
7	11							
ATION	TO THE DEATH BUT NOT RELATED TO TH	E TERMINAL						
U	DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. CONE	1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208 IE VEC WERE	SINDINGS CO	NCIDERED	
ERTIFI	WAS PERF	DRMED	The orthogonal and the orthogona	NO	IN CERTIFYING CA	USES OF DE	ATH?	
O	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If In Baltima	re City, give e	xaci location)	
AL	DEATH (notily medical exemine)	hom elc.	ie, lorm, factory, street, of	ice bldg., INJURY OCCUR?		.,,		
EDIC	21D. TIME (Month) (Day) (Your)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJE	JRY OCCUR?			
×	OF INJURY (APPROX) While At Not While							
	Work At Work							
	that (X) (we) last sow the deceased			7.0	9 /U to UEL		19 / 0	
					it [in(i)(y) (aur) opl	nion death	occurred on the date	
	and have and from the causes state 23A. SIGNATURE	d above.) (ue) (qiq) (qi)q (40%) vi	ew the body after death.		1000 D 100		
	(1 - H-0.		Atter	iding Med.	Stoff C	23B, DATE S		
	23C. PHYSICIAN'S	7	DEGREE Phys.	Director L	Staff Phys.		6 70	
	NAME (Typo)	N C		DALIU.	,MD. 2122	9		
24A		M.D.	ME OF CEMETERY OF CRE		PCATON	E WIL	KENS AVES.	
	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	0 /	CEMELERI OF CRE	MATORY 24D. LO	CATION	ity, town, or c	ounty) (Stote)	
25.4	DATE RECID BY HEALTH DEBY	204	don Gralen	netery Bal	Timore,	Mary	land	
n	C 1 1 1970 P. C. G. C.	25B. NAME C	PREGISTIRAR	25C FUNERAL DIRECTOR	2.55	,	ADDRESS	
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obtained before the remains are embalmed or final disposition is made.	5. F 10. doi:
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D-162 CERTIFICA	Y HEALTH DEPARTMENT ATE OF DEATH REG. NO	70 12004					
(Type of Print) SEEBERGER, KATHERINE	DECEMBER 8, 197	0 · 2 · 15P					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION	4. USUAL RESIDENCE (Where deceosed lived, II instituted a STATE B. COUNTY MARYLAND BOLL C. CITY OR TOWN D. INSIDE C. CITY OR TOWN BALT I MORE YES	ion: residence before admission) ITY LIMITS?					
40 ST. AGNES HOSPITAL	1528 CLAIRIDGE RD 21227						
FEMALE WHITE WIDOWED DIVORCED	1 03/20/10 1 54	Under 1 % If Under 24 Hrs. Ponths Doys Hours Min.					
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) CLERK DEPT STORE		U.S.A.					
JOHN WILLIAMSON	MARIE (NEE ZIPPEL)WILLIA	A MS ON					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS					
NONE CAUSE OF DEAT	ST. AGNES HOSPITAL RECO	RDS					
DISEASES OR CONDITIONS, if ony, giving ise to the abave cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	A CONSEQUENCE OF:						
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OP OPERATION WAS PERFORMED WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDS IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?					
OR CONTRIBUTING CAUSE OF CAUSE	n or about 21 C. WHERE DID // In Relimere City	, give exact location)					
21D.TIME (Month) (Doy) (Yeos) (Hous) 21E, INJURY OCCURRED OF INJURY IAPPROX.) While At Work At Work	21F. HOW DID INJURY OCCUR?						
22. I certify that (1) (this hospital) attended the deceased from DE that (1) (we) lost saw the deceased alive on DECEMBER 8	22. I certify that (1) (this haspital) attended the deceased from DECEMBER 8 19/0 to DECEMBER 8 19/70						
ond hour and from the couses stated above. (1) (We) (did) (did nat) v	view the body ofter death.	DATE SIGNED					
DEGREE Phys	Med. Steller Steller X 12 23D. ADDRESS BALTIMORE, MARYLA ST. AGNES HOSPITAL: CATON	2/08/70 AND 21229 N & WILKENS AVE					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION (City, lov	vn, or county) (Stote)					
Burial 12-11-1970 Woodlawn 25A DAIE REC'D BY HEALTH DEPT. 25B NAME OF NEGISTRAR DEC 11. 1970 Robert E. Jaben Ad. 1	Woodlawn Balto PSC. NUMERAL DIRECTOR O G. Truman Schwab 3512	County Md. ADDRESS Frederick Ass					
VS 150-REV. 1/1/68	M. II William Schwan 3312	FIEGELICK A"					

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s certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death ws: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased s D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the cased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such iten approval must be obtained before the remains are embalmed or final disposition is made.	

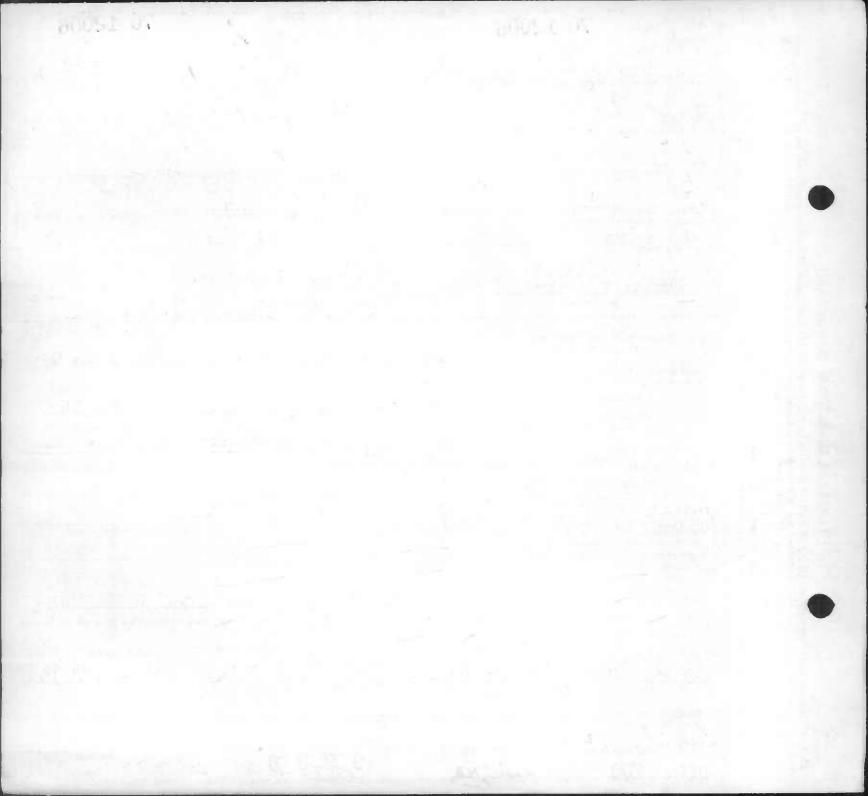
7.5.6.5.5	S-363 70 12005 CERTIFICA	TE OF DEATH REG. NO. 70 12005			
l and death eased n the Such	(Typo or Print)	2. DATE AND HOUR OF DEATH			
pita of Dec ce o	Stewart, Hazel 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission) A. STATE B. COUNTY			
cau se;	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Provident Hospital	Maryland C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS?			
d in cat att	1514 Divison Street Baltimore, Maryland 21217	Baltimore YES NO			
ad a d	Female 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years last birthday) 9. AGE (In years Manths) 11 Under 1 Yr. Il Under 24 Hrs. Manths Days Haurs Min.			
dete dete in ion	done during most of working life, even if retired) Royal Hoffman Unkn.	11. BIRTHPLACE (State or foreign country) Baltimore 12. CITIZEN OF WHAT COUNTRY? U. S. A.			
if d rect (4) U wa the spos	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Unkn.			
assistant if the di ny kind; d death lance on r final di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (If yes, give war or dates of service! NO 212-20-9377	Mr. Frank Brown-Brother 215 S. Catherine St.			
ed by the chief medical examiner or his as ospital by a medical examiner. Also, if ture; (2) Body burns; (3) A fracture of any st where the physician who pronounced (6) No physician was in regular attendanted before the remains are embalmed or from the contraction of the contrac	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving inselection which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving inselection in the terminal disease or condition given in part 1 (a). 19A-Date of operation inselection ins	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? In or about 21 C. WHERE DID (If In Boltimore City, give exact location)			
roved by the hospita y nature; xcept whe ind (6) No btained be	OF INJURY (APPROX.) While At Not While At Work At Work				
app forth	22. I certify that (I) (this hospital) attended the deceased from 12, that (I) (we) last saw the deceased alive an 12/8/70	/5/70 19 ta 12/8/70 19 19 19 and that fn(my) (aur) opinion death accurred an the date			
ate must be as released in accident o an a hospita rior to death	23G. PHYSICIAN'S NAME ITYPEL C- TAN M.D. DEGREE	Iew the body after death. Inding Med. Director Phys. Dec. 8, 1970 23D. ADDRESS 1514 Divison Street Baltimore, Maryland			
This cert the body shows: (7 was D.O deceased	246. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAL VS 150-REV. 1/1/68				

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED Type or Print) 3. PLACE IN BALTIMORE, MATLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION WIDOWED DIVORCED D
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION UNIVERSITY HOSPITAL S. SEK G. RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED 104. USUAL RESIDENCE (Where deceased lived, If institution; residence beloro admission) A JUNIOR TO INSTITUTION OCCUPATION (From The Company of The
ADDRESS OR LOCATION) UNIVERSITY HOSPITAL C. CITY OR TOWN UNIVERSITY HOSPITAL S. SEX G. RACE OMARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED LIST BIRTH DIVORCED LIST BIRTH DIVORCED LIST BIRTH LIST BIRTHPLACE (Sibte or foreign country) 12. CITIZEN OF WHAT COUNTRY? LIST HOSPITAL LIST HOSPITAL
E. STREET AND NUMBER 5. SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED 10. SINTH 10. AGE (in years lit Under 1 Ye. If Under 24 Hrs. Months: Days Hours Min. Months: Days Months: Days Min.
5. SEX 6. RACE WIDOWED DIVORCED DIVORCED DIVORCED 10. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (Sible or foreign country) 11. BIRTHFLACE (Sible or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II) yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANY DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not moon the mode of dying, e.g., heart loidure, asthenia, etc., if means the disease, injury or complication which coused deeth.) 18. Age of the service of the servi
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done during most of working life, even if retired) 13. FATHER'S NAME Robert Middleton 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANY SECURITY NO. 5 13 ADDRESS SECURITY NO. 5 14 ADDRESS SECURITY NO. 5 15 ADDRESS SE
13. FATHER'S NAME Robert Middleton 15. Wos Deceased Ever in U. S. Armed Forces? 15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. Shirtley Sames Substancy and Security Security No. 18. / DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart laiture, osthenia, etc., If means the disease, injury or complication which coused death.) 14. MOTHER'S MAIDEN NAME ELiz Harmon Shirtley Sames 5 / 3 Doregtes Place Shirtley Sames Substancy A)IMMEDIATE CAUSE Road Jackson DUE 10, OR AS A CONSEQUENCE OF: When the substance of the disease
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown! (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. Shirtley Sames Subsilising, and CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. If means the disease, injury or complication which coused death.) ELiz Harmon 17. INFORMANY Shirtley Sames Subsilising, and CAUSE OF DEATH (A)IMMEDIATE CAUSE Rand Jalune DUE 10, OR AS A CONSEQUENCE OF: When the subsiliar of the disease, injury or complication which coused death.)
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injury or complication which coused death.)
ANTECEDENT CAUSES PARIE DE DE DE LA DE
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) sfaling the
UNDERLYING CONDITION lost. (c) Ca of levy cumber mollo
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DAYE OF OPERATION 19B-CONDITION FOR WHICH OPERATION 19A-DAYE OF OPERATION 19B-CONDITION FOR WHICH OPERATION 19A-ACCIDENT WAS UNDERLYING TO THE PROPERTY OF THE PROPERTY
194. DAYE OF OPERATION 198. CONDITION FOR WHICH OPERATION 204. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e-by)n or about 21C. WHERE DID (If In Baltimore City give eved location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) Nome, form, factory, street, office bldg., INJURY OCCUR?
Q 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not While At Work At Work
22. 1 certify that (1) (this hospital) attended the deceased from Sept 17 1920 to 1920
lehat (1) (sua) last saw the decorated alternation (1) (sua) last
that (1) (we) last saw the deceased alive on Nov 29 19 0 and that in (my) (aur) opinion death occurred on the date
and have and from the causes stated above. (1) (We) (did) (dtd-eat) view the body after death.
and haur and from the causes stated above. (1) (We) (did) (dtd-eqt) view the body after death. 23A. SIGNATURE Attending Med. Staff (C)
and have and from the causes stated above. (1) (We) (did) (dtd-eat) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED
and haur and fram the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE Attending Med. Director Phys. 23B. DATE SIGNED 23B. PHYSICIAN'S NAME (Type) 24C. NAME of CREMATION, 124B. DATE 24C. NAME of CREMATION.
and haur and fram the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE Attending Med. Director Phys. 23B. DATE SIGNED 23B. PHYSICIAN'S NAME (Type) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)
and haur and fram the causes stated above. (1) (We) (did) (dtd-not) view the body after death. 23A. SIGNATURE Attending Med. Director Phys. 23B. PHYSICIAN'S NAME (Type) 24C. NAME of CREMATION, 124B. DATE 24C. NAME of CREMATION.



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2000		I. NAME OF DECEASED (Ivpe or Print) CHESTER TANK OF THE STEEN TO THE STEEN THE STEEN TO THE STEEN T	Year Hour
		4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) 3. DATE Month Doy PRONOUNCED DEAD 12 6	Yeor Hour 1970 3 p
	35	Church Home & Hospital 5. USUAL RESIDENCE (Where deceased lived. If Institution A. STATE Maryland B. COUNTY	53-00
		6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR YOWN D. INSIDE C WIDOWED DIVORCED Balto.	ES W NO
•		9. DATE OF BIRTH 10. AGE (In years N Under 1 Yr. II Under 24 Hrs. E. STREET AND NUMBER Months: Doys Hours Min. 1803 Kinship Rd.	
		11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? STANIS LAUS	
		14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) H + S. BAKERY ANASTASIA BORO	wski
		16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give war or dotes of service) 213-07-4214 MRS, MARIE ZAMK DWSKI	1803KINSHIP
		ODISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., Due to, or as a consequence of:	APPROXIMATE INFERVAL BETWEEN ONSET AND DEA:
		heart follure, asthenia, etc. It means the disease, tajury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLYING CONDITION LAST.	
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
		20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No) yes
		22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- Home, farm, foctory, street, office bldg., etc.) INJURY OCCUR?	act location)
		22D. TIME (Monih) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK 22F. HOW DID INJURY OCCUR?	
		I certify that I held an Inquiry Inspection Autopsy ond that on this basis, death in my resulted from: Notural causes Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME (Type) Isidore Mihalakis, M.D.	
		BURIAL 12/10/70 HOLY ROSARY CEMETERY BALTIMON	n, or county) (Stote) RE MD. DDRESS 1 = 3 = 5
		DEC 11 1970 Pased E. Janes M.D. Proposed of . KACZOROW	SKI FLEETS.

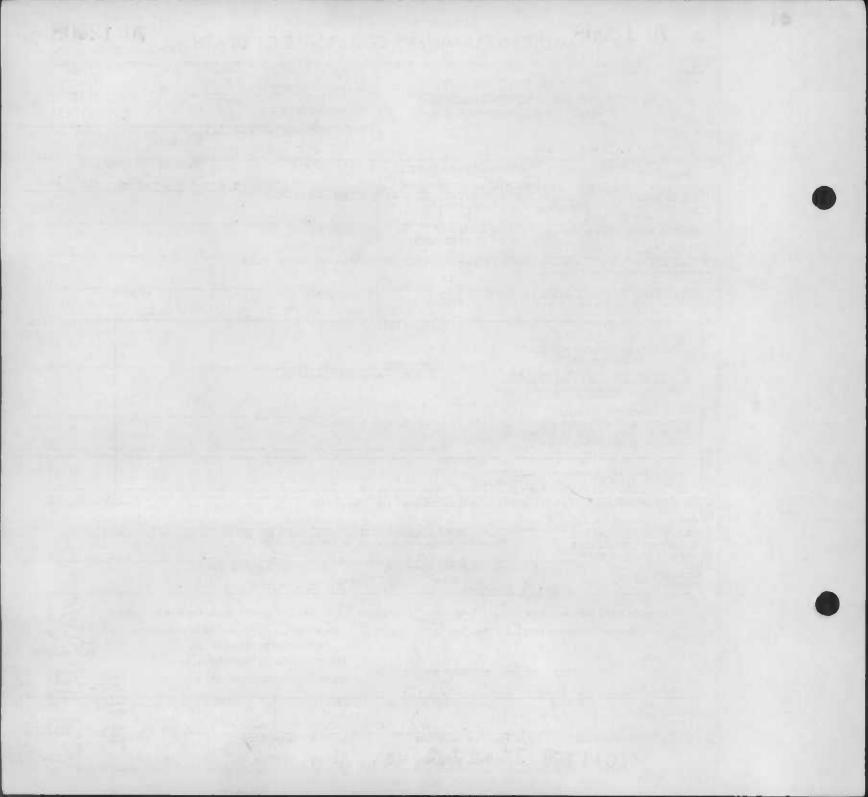
0160/20/00 4.5.4 Savislaus HAS EINER ANNEASIN BUREWEEK, BAKER 213 07 MICH MINE THINK ZAMK DUNGS 1813 TANS Roman L. KACZ CREWSTO FEEL

BALTIMORE	CITY	HEA! TH	DEPA	PTMENT

P 2 1 70 12008 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

70	1	2	0	0	8
	and a	-	-	1	pr.

BIRTH NO.	REG. NO.	
I. NAME OF DECEASED	2. DATE Known Month Doy	Year Hour
(Type or Print) STEPHEN PIECHOCKI	OF DEATH Estimoted	M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD 12 5	1970 7:31 a
HOSPITAL ADDRESS OR LOCATION)	5. USUAL RESIDENCE (Where deceosed lived, if Institution:	residence before odmission)
606 S. Port St.	A. STATE Maryland B. COUNTY	1-12
	C. CITY OR TOWN D. INSIDE CITY	/ IIMITS2
MAKKIED (1) INEVERTED		
male white WIDOWED DIVORCED		LI NO L
9. DATE OF BIRTH 10. AGE (in years If Under 1 Yr. If Under 24 Hrs. lost birthdoy) Months Doys Hours Min.	E. STREET AND NUMBER	
9-12-1904 66	606 S. Port St.	
11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF	13. FATHER'S NAME	
MARYLAND WHAT COUNTRY?	MARTIN	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME	
done during most of working life, even if retired) ST, JOSESPH	UNKNOWN	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL		DRESS
(Yes, no or unknown) (if yes, give wor or dotes of service) SECURITY NO.	MRS. VERA PIECHOCKI 606	5 P. O- S-
19. CAUSE OF DE		APPROXIMATE INTERVAL
CAUSE OF DE	AIB	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH (A)IMMEDIATE		
heart follure, osthenio, etc. It means the disease,	AS A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANTECEDENT CAUSES (8)		
	AS A CONSEQUENCE OF:	
II I LINDERLYING CONDITION LAST.		
Z (C)		
E OTHER SIGNALISMAN CONTRIBUTIONS		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	W.C. DERECONUED	21 AUTORCVA (Ver ea No.)
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED	21. AUTOPSY? (Yes or No)
		no
22A. EXTERNAL CAUSE WAS UNDERLYING ☑ OR CONTRIB. UTING ☐ CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g. home, form, foctory, street, offile the property of the	, in or obout 22C. WHERE DID (II in Boltimore City, give exact ce bidg., etc.) INJURY OCCUR?	location)
☐ UTING ☐ CAUSE OF DEATH. home	606 S. Port St.	1-03
OF INJURY (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	·	
MILLEAN NO	WORK Subject hung self.	
23.		
I certify that I held an Inquiry Inspection X A	utopsy and that on this basis, death in my o	pinion
resulted from: Natural causes Accident Sulci	de X Homicide Undetermined manner	
	CHIEF MEDICAL EXAMINER	
ACTUAL DOLL IN	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.	0.	
EXAMINER'S NAME (Type) Isidore Mihalakis, M.D.	ASSOCIATE MEDICAL EXAMINER L	12-5-70
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town,	
REMOVAL (Specify)	1. 10 16/1- 2-	A1.
BURIAL 12/9/1970 ST. STANIS.	LAUS CEM. BALTIMORE	LOUNTY MID.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		DRESS
DEC 11 1970 Resent & Markey Ma	LEYEROND L. KACZOROWSK	, 2525/LEET)
VS 151-REV. 1/1/68	1 777	



VS 150-REV, 1/1/68

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BALTIMORE	CITY	HEALTH	DEPARTMEN

70 12009

BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	20000
I. NAME OF DECEASED	1)	2. DATE AN	D HOUR OF DEATH	
(Type or Print) GEORGE HI	AAKE	1/2	-8-70	11:45 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If i	institution: residence before admission)
FULL NAME OF HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION	ISTITUTION, GIVE STREET	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
7 Mercil		E. STREET AND NUMBER	E	YES NO
		513 WiLL	ow HVE	-,
5. SEX 6. RACE 7. MARI	RIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9/22/19/2	9. AGE (In years lost birthday)	Il Under 1 Yr. Il Under 24 Hrs. Months Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10 B. KIN		11. BIRTHPLACE (Stole or fore	gn countryl	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) SUN	PAPERS	MARYLAND		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
GEORGE W. HAKE		UNKNOWN		
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or doles of sarv	icel 16. SOCIAL SECURITY NO.	17. INFORMANT	- 1/2-6-	ADDRESS Cialilla I die
18.	CAUSE OF DEAT	MRS Louise	MARKE	L APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	ONOTE OF BEAT	/ /		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	a larana	Gran of	Sura 1
(This does not mean the made of dying, hand toilure, asthenia, etc. It means the dise injury or complication which caused death.)	C.C. DUETO OD AC	CONSEQUENCE OF:		The second second
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if ony, gi	vina DUE 10. OR AS	A CONSEQUENCE OF:		1000 Marin 100 M
rise to the above couse (A) stoling UNDERLYING CONDITION lost.	(C)			
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE DEATH BUT NOT RELATED TO THE TERMIN	NG NAI			
■ IDISEASE OR CONDITION GIVEN IN PART 1 (A).		1204	000 00 000	
WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yos or No	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner)	21B PLACE OF INJURY (e.g., in home, lorm, foctory, street, of etc.)	or obout 21 C. WHERE DID INJURY OCCUR?	(II In Boltimo	re Cily, give exact location)
OF INJURY (Month) (Doyl (Year) (Hour)	21E INJURY OCCURRED	21 F. HOW DID INJ	JRY OCCUR?	
< (APPROX.)	While At Not While At Work			
22. I certify that (I) (this hospital) attend		12/2	9 7 Ora 1	2/1 107
that (1) (we) last saw the deceased alive	an /2/A		ot in (my) (aur) api	Inlon seath accurred an the date
and haur and from the causes stated abov	e. (1) (We) (did) (did not) v	ew the body after death.		
23A. SIGNATURE	AMA	nding Med.		23 B. DATE SIGNED
many and my and	DEGREE Phys	Director L	Shoff Phys.	12/1/7
23 C. PHYSICIANS NAME (Typol	1/	3D. ADDRESS		10
	Eun KIGEGREE	14	eras	Caggital
REMOVAL (Specify)	C. NAME OF CEMETERY OF CRE	MATORY 24D. LO	12	ity, town, or county! (Stote)
25A. DAYE REC'D BY HEALTH DEPT. 1258 NAM	11. CANMEL C	EMETERY PI	ATIMOR	
100	BE Jake MD	25G. FUNERAL DIRECTOR	KANTIDAN	ADDRESS
5-4 1016 1000	and districted up of	NITTITEIVE KK	MILLONON	011/ E/EFT ST

MARTIMORE

BARTIMORE

STIP WILLIAM RUE

PRESSONAL SUMPRERS PRACHAND

GEORGE W. HERKE HANNON

NO. 25-27-1943 MCS. Louise Harke STABILLO ROS

12/11/70 MT CARMEL CEMETERY BAKTIMERE

SERVER AND WELLIAM SE

42	C	sk		
death	eased n the	Such		1
ause of	e; (5) Dec	o death.		15 (Y
6	ause	or t	3	9
ributin	ular c	ed pri	nade.	S
cont	in reg	eceas	on is n	de
rect o	was	the d	Sposifi	13
the di	death	no esi	וחמו מו	1.5 (Y
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	as D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	d prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	proval must be obtained before the remains are embaimed or tinal disposition is made.	MEDICAL CERTIFICATION
body was	O.A. a	ed pric	appropri	24
the bower	was D.	decease	written app	25

10 1201	BALTIMORE CITY	HEALTH DEPARTMENT		70 12010
BIRTH NO. D122	CERTIFICA	TE OF DEATH	REG. NO	NO TENTO
1. NAME OF DECEASED (Type or Print) BIALESKI, Ju	olia, H.; BIALECK	1-DARKOWK) 12-	ND HOUR OF DEATH	7:250.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROBABLY HOSPITAL OR INFORMATION ADDRESS OR LOCATION!	ONOUNCED DEAD	A. USUAL RESIDENCE (Whe A. STATE B. COUN		26-46
Baltimore, Md. 21224		BA TIMORES	1 04	YES NO NO 12224
S. SEX 6. RACE 7. MARR	TED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. , II Under 24 Hrs.
Female White WIDOW	VED DIVORCED	6-11-13	lost birthdoyl 55	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIN) done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	gn country)	12. CITIZEN OF WHAT COUNTRY
HOUSE WORK A	THOME	ANNE ARUNDA	L Co., MD.	United STATES G
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
BOLESLAW BIAL			CHWILIN	
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) III yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	1	940 Eastern	
NO	213-20-5769	BCH Records: Ba	altimore, Md	. 21224
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not meen the mada of dying, heart failure, osthenio, etc. It means the diser injury ar complication which coused death.)	P.g., DUE TO, OR AS A	SE CHORICE AARA	Rectal Fist	YEARS YEARS
ANTECEDENT CAUSES	DA.	000-411 16-	0.0	A. III
DISEASES OR CONDITIONS, if any, given in the above cause (A) staling UNDERLYING CONDITION last,	the	RARECTAL ABOR A CONSEQUENCE OF: 2 DIAC ARREST		mouths
	(*/************************************			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WAS PERFORMED WAS PERFORMED	AL			
199. DATE OF OPERATION 198. CONDITION FOR PERFORMED PERFORMED	ectal Abcess	NO NO	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
DEATH (notify medical examiner)	218, PLACE OF INJURY (e.g., In home, form, factory, street, aff etc.)	or obout 21 C. WHERE DID	(If In Boltimore	City, give exoct lacotion)
OF INJURY (APPROX.) (APPROX.)	21E INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJI	JRY OCCUR?	
22. I certify that (1) (this hospital) attende	d the deceased fram	11-22- 1	9 70_to	12-9 19 20
that (1) (we) lost saw the deceased alive a		19 20 and the		an death accurred on the date
and hour and from the couses stated abave	. (1) (We) (did) (did not) vi	ew the body ofter deoth.		
23A. SIGNATURE	w. 100	P		238, DATE SIGNED
23C SUVEICIANE	OEGREE Phys.	Director L	Shoff Phys.	12-9-70
23C. PHYSICIAM'S NAME (Type) FRANCISCO JOSE	NEGRI MD	1940 EASTE	e City Hospi	tals Ltimore, Md. 21224
24A. BURIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City,	town, or county) (State)
BURIAL 12-12-70, 5	FACRED HEAR	T CEM, 7401	GERMAN HIL	L RO, BA. CO., MD.
DECITIBIO DEPENDE LA CONTROL	TE OF SEGIET AR O	25C. FUNERAL DIRECTOR		S. CONTLING ST.
VS 150-REV. 1/1/6B		* ()		

DEPARTMENT OF PROPERTY LINE CONTROL OF THE LANGUEST OF THE LANGUEST

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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certific the body w shows: (1) A was D.O.A. deceased pl written app

P	0000	12013		Y HEALTH DEPARTMENT TE OF DEATH REG. NO	70	12011
1.1	NAME OF DECEASED MARY	F. BI	ЗНОР	2. Date and hour of Deat December 8, 19		2:15 P.
FL	PLACE IN BALTIMORE, MARYLAND, JUL NAME OF OSBITAL OR ADDRESS OR LOC SHITUTION Union Memoria Baltimore , I	TAL OR INSTIT	UTION, GIVE STREET	Baltimore E. STREET AND NUMBER	NSIDE CITY L	7-31
5.	SEX 6. RACE Female White		NEVER MARRIED DIVORCED	2404 Pelham Ave. # 21 8. DATE OF BIRTH 9. AGE (in years Feb. 11, 1905 lost birthdey) 65		or 1 Yr. II Under 24 Hrs. Doys Hours Min.
dor	A. USUAL OCCUPATION (Give kind of wo ne during most of working life, even if retired) Retired		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) Austria		U.S.A.
13.	Adam Stad	ller		14. MOTHER'S MAIDEN NAME Anna Behrer		
15. (Ye	Wes Deceased Ever in U. S. Armed For s, no or unknown) (If yes, give wer er do	es of service)	16. SOCIAL SECURITY NO. 213-01-3021	James B. Bishop: 213 E	t.Hele	ADDRESS Dundall
NOTION	(This does not meen the mode of heest lailure, asthenia, etc. It mean injury or camplication which cause: ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO	s the disease, d death.) S cany, giving sloting the DNTRIBUTING THE TERMINAL	(B) lil	a consequence of: A consequence of: al vasc. Jusuff.	J Sis	5-yes
CERTIFICATION	9	NDITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208 IF YES, WER	E FINDINGS AUSES OF	CONSIDERED DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (netify medicol exeminer)	21 B, hem elc.)	e, form, fectory, street, ef	n er ebout 21C. WHERE DID (it in Bellim fice bldg., INJURY OCCUR?	are Cily, give	e exoct locotion)
MEDI	21D.TIME (Menth) (Doy) (Yearl OF INJURY (APPROX.) 22. 1 certify that (I) (this haspitathat (I) (we) last saw the deceas	Whi Wes		21F. HOW DID INJURY OCCUR? 19 5 ta (19 6 and that In(my) (aur) ap	Z -	8 19 70
	and haur and fram the causes sta 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	ted abave. (I	OEGREE Phys	nding Med. Stoff Phys. 23D. ADDRESS	23 B, DAT	21236, MD.
	BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL 12-12- DATE RECTAY HAVE DETAILED.	70	ME of CEMETERY OF CRE Sacred Heart FREGUERE	Cometery 7401 German H	City, town, o	Ba Co Md nklink St
VS	150-REV. 1/1/68			~ ()		

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the body was

D.O.A. shows: (1)

SID

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eceased 0

BALTIMORE CITY HEALTH DEPARTMENT 70 12012 REG. NO. CERTIFICATE OF DEATH LNAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) CATHERINE JENKIKIS MR.S. 4. USUAL RESIDENCE (Where deceosed lived, II institution residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OF LOCATION) MARYLAXID HOSPITAL OR C. CITY OF TOWN D. INSIDE CITY HMITS? BACTIMORE YES L NO E. STREET AND NUMBER 57 100 1 BACTIMORE 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years MARRIED NEVER MARRIED If Under 1 Yt. If Under 24 Hrs. ast birthday WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of workhor, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Tyrest Balti mne 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME KLESZEZHNSKI WALTER KRUZEWSKI 15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 7. INFORM ANT 6. SOCIAL ADDRESS SECURITY NO. SAME HUSBAND 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO. OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: risa to the above cause (A) stating the UNDERLYING CONDITION last 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 1198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., In or obout 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) DEATH (notify medical examine) MEDIC 21D. TIME (Month) (Doy) (Year) 21E INJURY OCCURRED (Houd 21 F. HOW DID INJURY OCCUR? OF INJURY While Al Nol While (APPROXI Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an 12-4-7 FU and that In (my) (aur) apinion death accurred on the date and have and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending [Med. Staff Phys. Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) MANGACI ELEXIA 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) TREMOVAL (Specify) Cresy 2SC. FUNERAL DIRECTOR ADDRESS

a hospital and save of death is; (5) Deceased ndance on the to death. Such	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular a deceased prior to death); and (6) No physician was in regular attendance on the deceased privation approval must be obtained before the remains are embalmed or final disposition is made.	
tal examiner. A fracture of the state of the	
by the chief med bital by a medic re; (2) Body burn where the physion w No physician w	
ased to the hosp dent of any nature ospital (except veath); and (6)	
his certificate muche body was reletows: (1) An accidental vas D.O.A. at a heleceased prior to rritten approval	

BIRTH NO.	EASED	12013 CERTIFICA		REG. NO		120 <u>f</u> 3
(Type or Print)	MILDRED 1	MAE WORLEY		ec. 8, 1970		4:45 P
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (WI	ere deceased lived. Il i	nstitution: reside	nce before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET (TION)	Md. c.city or town Baltimore		SIDE CITY LIMITS	
	.c Health Ser	vice Hospital kway	E. STREET AND NUMBER 1727 St. P	aul Street	YES 🔀	NO [
5. SEX	6. RACE	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 10/1/05	9. AGE (In years last birthdoy)	Il Under 1 Y Months Doy	fr. If Under 24 Hrs. Min.
done during most of v	vorking life, even if retired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for Md.	reign country)	USA	OF WHAT COUNTRY
3. FATHER'S NAN			14. MOTHER'S MAIDEN NA			
	James Wash	ourn	Lilly Wa	rd		
15. Wes Deceosed (Yes, no or unknown) NO	Ever in U. S. Armed Ford (If yes, give war ar date:	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Records- U	S PHS Hospita		o, Md.
(This does not heart lailure, of injury ar came) A DISEASES Of ise to the	E OR CONDITION DIR LEADING TO DEATH of mean the made of asthenia, etc. It means plication which caused INTECEDENT CAUSES R CONDITIONS, it above cause (A) CONDITION last.	dying, e.g., the disease, death.) (A) IMMEDIATE CAU DUE TO, OR AS (B) COT	Myocardial A CONSEQUENCE OF: Onary arterios A CONSEQUENCE OF:			Days Years
IO THE DEATH	CANT CONDITIONS CON BUT NOT RELATED TO THE ENDITION GIVEN IN PART	E TERMINAL	iculum cell sar	eoma.		4 yrs.
19A. DATE OF	OPERATION 198 CONI WAS PERF	OTTON FOR WHICH OPERATION	yes	O) 20B IF YES WERE IN CERTIFYING CA	FINDINGS CON USES OF DEAT	ISIDERED H?
DEATH (notify	T WAS UNDERLYING TING CAUSE OF	21 & PLACE OF INJURY (e.g., in home, form, foctory, street, aft etc.)		(If In Boltimor	re City, give exo	ct locotion)
E (APPROX.)	(Month) (Day) (Year)	(Hous) 21 & INJURY OCCURRED While At Not While Work At Work		JURY OCCUR?		
that (I) (we)	lost sow the decease	ottended the deceased fram	19 70 ond th	1970 to Dec.		19 70 curred on the dote
23A. SIGNATUR	Rogert	Atter	nding Med.	Staff Phys. X	12/9/	
R. Roge	er Little, Su		US PHS Hosp	pital, Balto	, Md.	nty) (Stote)

RGB

BURIAL 12/12/70
25A. DATE FEED IN HEALTH DEET.
DEC 11 9/0 John E 2558.NI 2/70 Most Holy Redeemer

Baltimore Maryland

ADDRESS

25C. FUNERAL DIRECTOR.
HENRY SANDER & SONS INC.
BALTIMORE HARYLAND.

VS 150-REV, 1/1/68

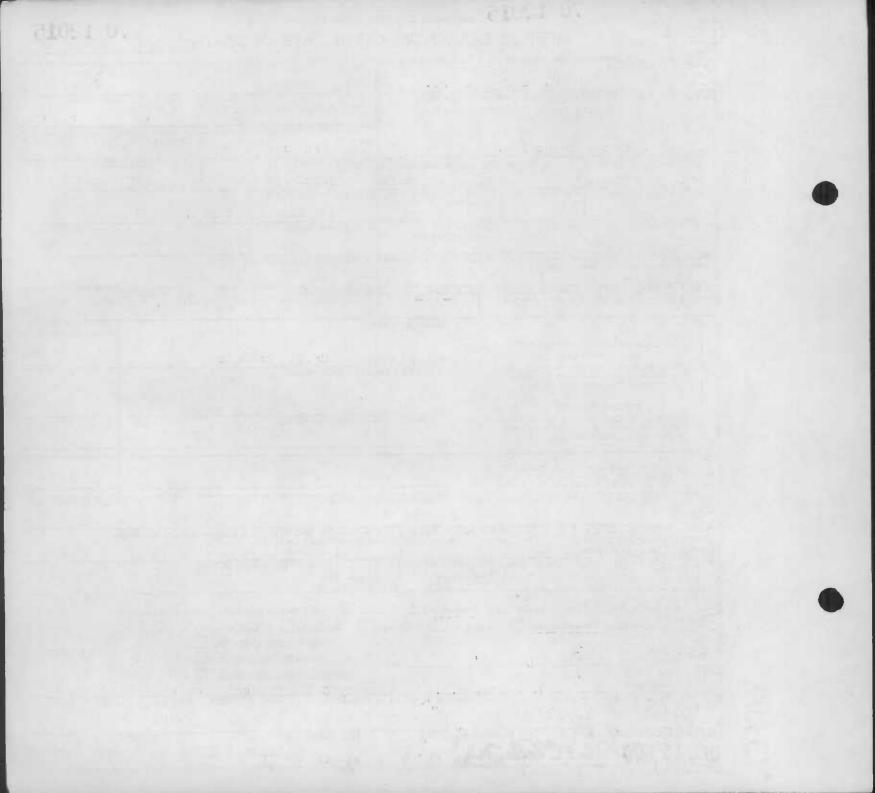
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ificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and / was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased .A. at a hospital (except where the physician who pronounced death was in regular attendance on the a prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such approval must be obtained before the remains are embalmed or final disposition is made.	
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.	12
This certifie body thows: (1) was D.O. Maritten a	100
	L

M-600 .70 1201		TE OF DEATH	REG. NO	70 12014
1. NAME OF DECEASED MANDE	HVI'N H	2. DATE AND	HOUR OF DEATH	10 1140
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION INSTITUTION	ONOUNCED DEAD	advanta	deceased fived. If inst	vilution: residence belore admission)
H Union Menco	nol Hosp.	E. STREET AND NUMBER		YES NO D
5. SEX 6. RACE . 7. MAR WIDO	NEVER MARRIED DIVORCED		AGE (In years st birthdoy)	If Under 1 Yr., ii Under 24 Hrs. Months Doys Hours Min.
	of susiness or industry or sleops oo Belair Kel	11. BIRTHPLACE (Slote of loreign		12. CITIZEN OF WHAT COUNTRY
unknown		Alberte -	- Lind	
15. Was Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown) (If yes, give wor or doles of sen LIKE OF THE SECOND TO SEC	icel 16. SOCIAL SECURITY NO 2/8-16-4332	Wife	Same	ADDRESS addless
LEADING TO DEATH (This does not meen the mode of dying, heart failure, asthenia, etc. If means the distingury or complication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, go tise to the above cause (A) stating UNDERLYING CONDITION last.	vina (8)	A CONSEQUENCE OF:	Just.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION I	VAL	70 F A	//	
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF VERY CONTRIBUTING CAUSE OF	218 PLACE OF INJURY(e.g., in home, form, foctory, street, effect.)	of ofout 10: WHERE DID	Fu to 12 Sy	
21D.TIME (Month) (Doy) (Year) (Hour) (APPROX)	21 E. INJURY OCCURRED While At Not While Work	21F. HOW DID INJURY	OCCUR?	
22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive	an 12/9	7/70 19 19 7 0 and that !	101012 n(my) (aur) opInio	1970_ an death occurred an the date
	c. (1) (We) (did) (Aid not) vi	ding Med. Sto	H D	19 3 / 70
23C. PHYSICIAN'S PAZEKI	TS M.D.	3D. ADDRESS Union	Memor	be Hosps.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAI	C. NAME OF CEMETERY OF CREATER OF REGISTRAR	MATORY 24D. LOCA	Kaje 1	lown, or county) (Stote) Bally Mid
THE CHARLES THE CHARLES FOR THE CONTRACT OF TH	Ben R.A.	1900 1111		ADDRESS

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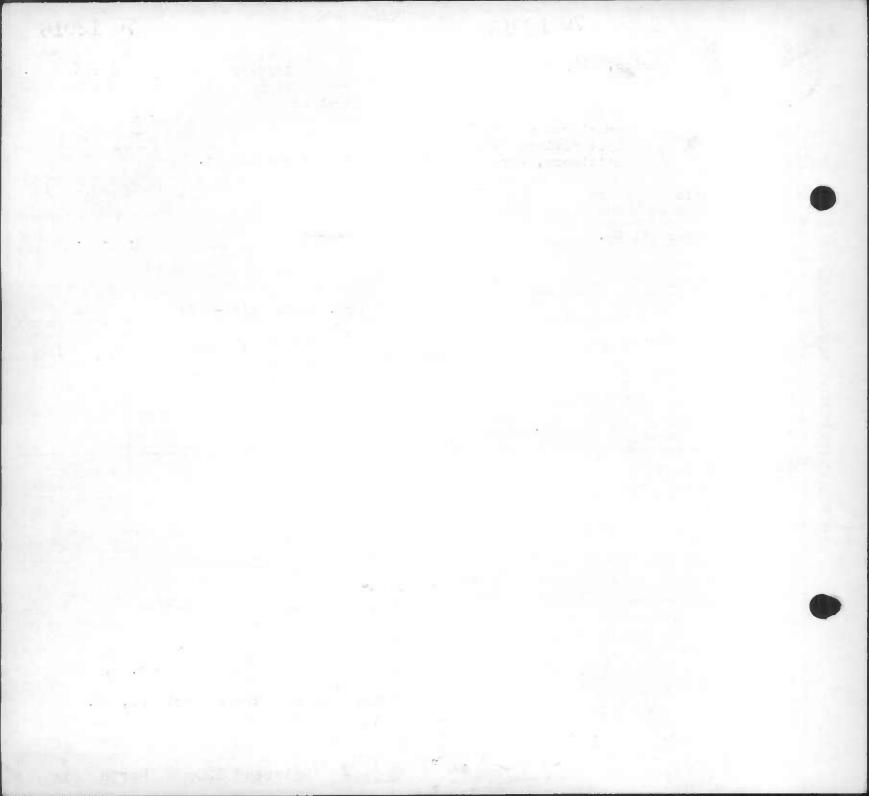
70 12015 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. MEDICAL EXAMINE	R'S CERTIFICATE OF DEATH REG. N	10 12010
1. NAME OF DECEASED Joyner (Type or Print) Moses Soyner, Sr.	2. DATE Known \(\Delta\) Month Day OF DEATH Estimated \(\Delta\)	Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 12 6	70 1:13 a N
OK INSTITUTION OF	5. USUAL RESIDENCE (Where deceased lived. If Institu A. STATE B. COUNT	tion: residence before admission)
731 Greenmount Ave.	Maryland	10-02
6. SEX 7. RACE B. MARRIED NEVER MARI	RIED C. CITY OR TOWN D. INSIDE	CITY LIMITS?
male colored WIDOWED DIVOR	Baltimore Baltimore	YES NO
9. DATE OF BIRTH 10. AGE (In years 16 Under 1 Yr. 11 Under 1 Y	or 24 Hrs. E. STREET AND NUMBER 731 Greenmount Ave.	
11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF WHAT COUNTRY	13. FATHER'S NAME	
Tenneesee 4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR 16 4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR 16 4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR 16 4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR 16 4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR 16 4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR 16 4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR 16 4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR 16 4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR 16 4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR 16 4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR 16 4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR 16 4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR 16 4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR 16 4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR 16 4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR 16 4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR 16 4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR 16 4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR 16 4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR 16 4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR 16 4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR 16 4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR 16 4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR 16 4A.USUAL OCCUPATION (Give kind of work 14B. KIND OCCUPATION (Gi	2.5 GAIB. INFORMANT	ADDRESS Dame
	OF DEATH	APPROXIMATE INTERVAL
(Ihis does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	AEDIATE CAUSE CArcinomatosis E TO, OR AS A CONSEQUENCE OF: E TO, OR AS A CONSEQUENCE OF:	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERAT	TION WAS PERFORMED	21. AUTOPSY7 (Yes or No)
-		no
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. home, form, loctory, str. UTING ☐ CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJUNY OCC	JRY (e.g., in or about 22C, WHERE DID (if in Baltimore City, give ireet, office bidg., etc.) INJURY OCCUR?	exact location)
22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCC OF INJURY (APPROX.) WHILE AT WORK	NOT WHILE AT WORK 22F. HOW DID INJURY OCCUR?	
I certify that I held on Inquiry Inspection resulted from: Natural causes X Accident ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner II. Spitz M.D. 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CERMATION. 24B. DATE 24C. NAME of CERMATION.	vary Cemetry A A Coun	DATE SIGNED r 12/6/70 awn, or county) (State)
DEC 11. 1970 Paber & Jacker 199 1	A Halstead 1206 W	



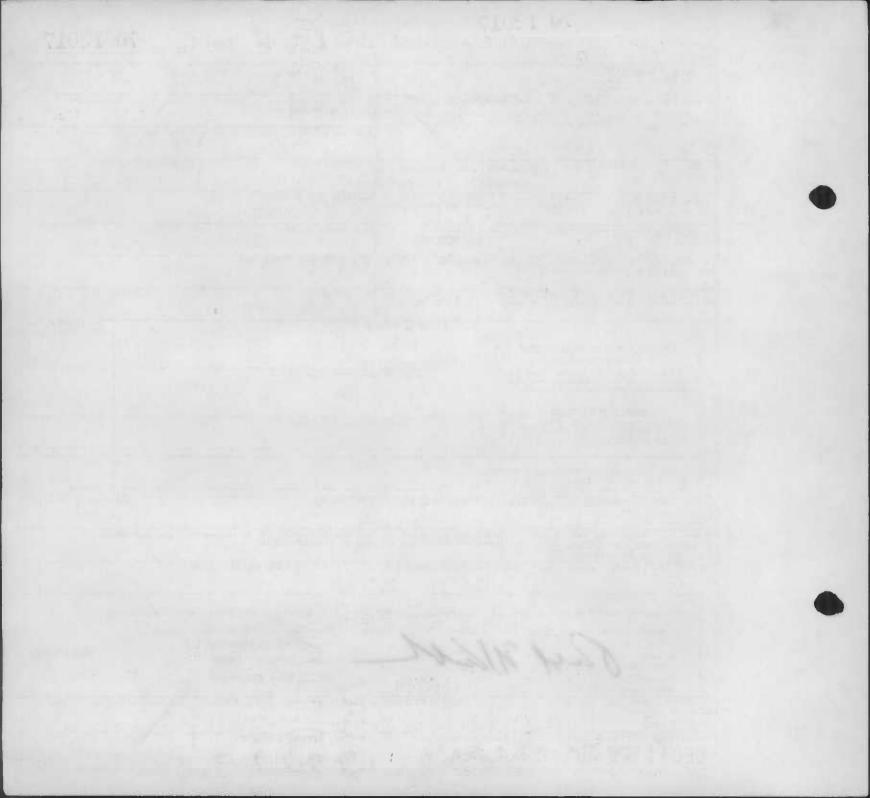
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de approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death tof any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased tal (except where the physician who pronounced death was in regular attendance on the 1th); and (6) No physician was in regular attendance on the the obtained before the remains are embalmed or final disposition is made.	
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Ints certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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	P-600 70 1	2016		HEALTH DEPARTMENT		70.40040	
	IRTH NO.	-c019	CERTIFICA	TE OF DEATH	REG. NO	70 12016	
1,	NAME OF DECEASED (ypo or Print) Price, Elijah			2. DATE A	ND HOUR OF DEATH		
				12/9		10:30 A.	
3	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Whe	ere deceased fived It i	nstitution: residence before admission)	
F	ULL NAME OF UF NOT IN HOSPIT	AL OR INSTIT	TUTION, GIVE STREET	Maryland /6-0/			
111	Provident			C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?	
	2 9 1514 Divis			Baltimore E. STREET AND NUMBER		YES A NO	
	Baltimore	, Maryl	Land 21217	1207 Winches	ter St.		
5.	SEX 6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF SIRTH	9. AGE (in years lost birthdoy) 51	If Under 1 Yr., if Under 24 Hrs.	
	Male Negro	WIDOWED	DIVORCED T	12/24/18		Months Doys Hours Min.	
t0	A. USUAL OCCUPATION (Give kind of work one during most of working life, even if refired)	108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stota or fore	ign country)	12. CITIZEN OF WHAT COUNTRY	
	Major Oil Co.			Ĝêórgia			
13	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	U. S. A.	
15,	. Wae Deceased Ever in U. S. Armed Forces, no or unknown) lif yes, give wor or date:	es?	16. SOCIAL	17. INFORMANT		ADDRESS	
	in yes, give wor or ables	of services	SECURITY NO.	Mrs. Susie P	ni no-Wifo		
_	18.		CAUSE OF DEAT		rrce-utre	Same	
ATION	110 THE DEATH BUT NOT RELATED TO TH	stating the	(B) ACC DUE TO, OR AS	A CONSEQUENCE OF:	nnosos		
CERTIFIC,	19A-DATE OF OPERATION 19B CONE WAS PERFO	TON FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	218. hometc.)	PLACE OF INJURY (e.g., in e, form, foctory, street, aff	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If In Boltimor	e City, give exoct locotion)	
MEDI	OF INJURY (Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
<	(APPROX.)	Whi	le At Not While				
	22. I certify that (1) (this hospital)	ottended th	ne deceased from 1.2/	8/70 1	9to_12/0	170	
	that (1) (we) lost saw the deceased			,		nion death occurred on the date	
	and hour and from the couses state		, , , ,	ew the body ofter death	,(// (ou/ opin	death occurred on the date	
	23A. SIGNATURE	In	1000			23B. DATE SIGNED	
		- (DEGREE Phys.	ding Med.	hys.	Dec. 9, 1970	
	23C. PHYSICIAN'S NAME (Type) VP. MIP. DD	Ă1.11	115 2	D. ADDRESS 1514 Divison St			
24/	REMOVAL (Specify) 248. DATE	24C. NA	ME OF CEMETERY OF CREA			y, town, or county) (Stote)	
	Burial 12/12/	70 MI	Calvary C		A Coun	11	
25A	C11. 100 Robert 2	SR NAME O	F, REGISTRAR	25C. FUNERAL DIRECTOR	ad 1206 W	ADDRESS	
V5	150-REV. 1/1/68			1. 1107.000	ad Indo II	MOTOH WAS	



5-530			17 BALTIMORE CITY HE	ALTH DEPARTMENT CERTIFICATE OF DEAT	гн 70 12017
BIRTH NO. 70	18480-	TIEDICAL	· LAAAAAAA	CERTIFICATE OF DEAT	REG. NO.
1. NAME OF DEC		CT COTT		2. DATE Known Month	Day Year Hour
		AITH	RONOUNCED DEAD	DEATH Estimated Month	Doy Year Hour
FULL NAME OF	(IF NOT IN I		TITUTION, GIVE STREET	DECEMBER DEAD	ember 9,1970 11:55 A
HOSPITAL OR INSTITUTION	4406 Spri		lvenue	5. USUAL RESIDENCE (Where deceased A. STATE Maryland	Ilved. If Institution: residence before admission) B. COUNTY 28-02
6. SEX	7. RACE	B. MARI	RIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
Female	Negro	WIDOV		Baltimore	YES NO
DATE OF BURTH		GE (In years birthdoy)	H Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.	E. STREET AND NUMBER 4406 Springdale Ave	nue
Baltimo		ontry)	12. CITIZEN OF VEHAT COUNTRY?	George Smith	
4A.USUAL OCCUP	ATION (Give kind	of work 14B. KINI etired)	OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME Gladys	
6. WAS DECEASE Yes, no or unknown)	D EVER IN U.S. (If yes, give war as	ARMED FORCE	S? I7. SOCIAL SECURITY NO.	M. George Smith,	ADDRESS Same
19.	J-V.		CAUSE OF DEA	TH T	APPROXIMATE INTERVA
DISEASE	OR CONDITION	I DIRECTI V	Sudden	death in infancy	BETWEEN ONSE! AND DE
	EADING TO DE		(A)IMMEDIATE	CALISE	
(This does no	at mean the made	of dying, e.g.,		AS A CONSEQUENCE OF:	
	plicotion which cou				
AN	TECEDENT CAU	SES	(B)		
DISEASES O	R CONDITIONS ABOVE CAUSE	IF ANY, GIVING	DUE TO, OR	AS A CONSEQUENCE OF:	
UNDERLYIN	G CONDITION	LAST.	(c)		
O TO THE DEA	IFICANT CONDITION THE BUT NOT RELA	TED TO THE TERM	UNAL		
DISEASE OR	OPERATION 120		FOR WHICH OPERATION W	AS PEDECORMED	21. AUTOPSY? (Yes or No
O DAIL OF	OI EKKITOIT 120	. COMPINOT	POR HIRCH OF ERAHON W	A TENTONNIED	yes
UNDERLYING	NAL CAUSE WAS		22B. PLACE OF INJURY(e.g., home, farm, factory, street, office	In or about 22C. WHERE DID (II in Boltime bidg., etc.) INJURY OCCUR?	ore City, give exact location)
≥ 22D. TIME (Month) (Doy)	(Year) (Hou	r) 22E INJURY OCCURRED	22F. HOW DID INJURY OCC	CUR?
OF INJURY (APPROX.)			WHILE AT NOT	WHILE VORK	
23.			III. HORK AIV		
I certi	fy that I held	n Inquiry	Inspection Au	ond that on this basis	, death in my opinion
result	ed from Natur	al causes X	Accident Suici		Ined manner
ACTUAL	X/	, 17	11/11	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATU	D	A I	M.I.		10/0/70
EXAMINE NAME (T		ild N. Ko	rnblum, M.D.	ASSOCIATE MEDICAL EXAMINER	12/9/70
24A. BURIAL CREM	AATION, 248. 1	DATE	24C. NAME of CEMETERY	or CREMATORY 24D. LOCATIO	N (City, town, or county) (Stole)
REMOVAL (Specifi Burial	12	2/12/70	New Hope C	emetry Rucki	ngham County Va
25A. DATE REC'D	BY HEALTH DEPT	258.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS ADDRESS
DEC 11	1070 20	. G 2 301			ead 1206 W Worth

VS 151-REV. 1/1/68

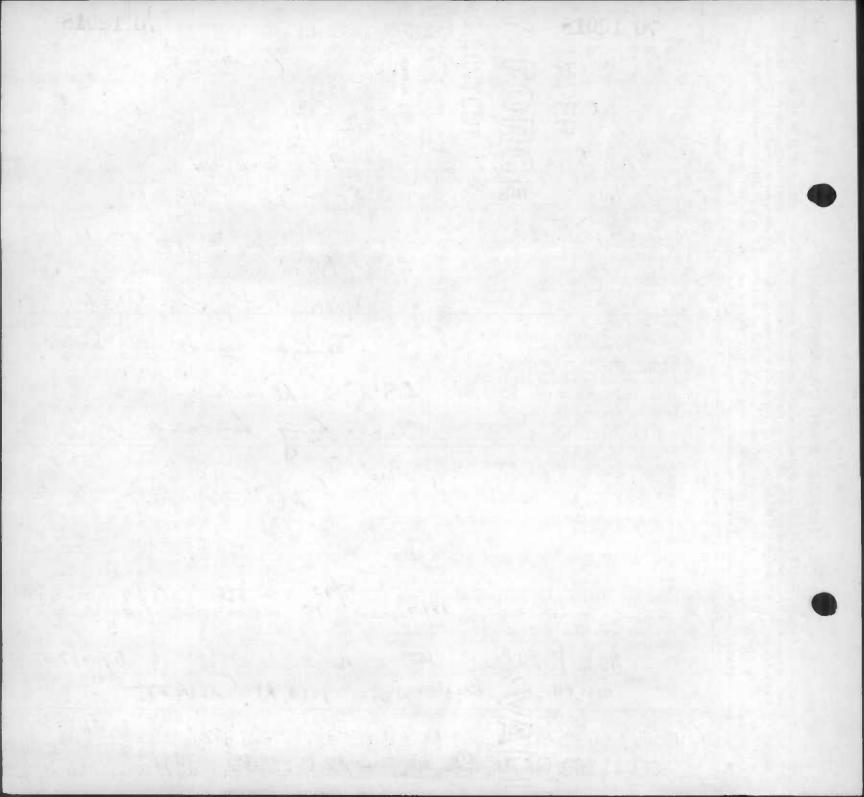


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BALTIMORE	CITY	HEALTH	DEPARTMENT	
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		763	4	1	14	5.
REG.	NO	70	3	5	1	5

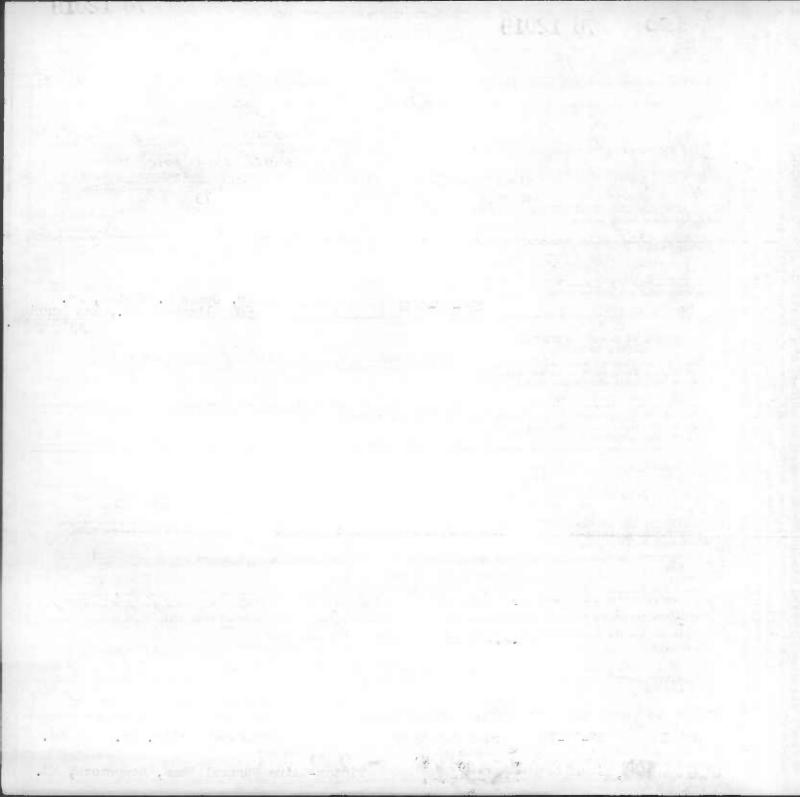
	BIRTH NO. CERTIFICAT	E OF DEATH
	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	(Type or Print) (areNIE Happing)	1/ 1/2-10 M.
H		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
Ш		A. STATE A / B. COUNTY
Ш	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	10-02
	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
		13 a 10 , YES NO
1	Gody Fl	E. STREET AND NUMBER
	727N. Lden St.	921 N. Eden JT.
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
	Male Neard WIDOWED DIVORCED	To G last birthdoy Months Doys Hours Min.
		1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	dene during most of working life, even if refired)	1. Skill Excelsione of foliage country
	CONSTRUCTION WORKER	Maryland U.S. H.
	13. FATHER'S NAME	4. MOTHER'S MAIDEN NAME
	V -1 - 1 1 1	XA: 2-1 2
	UNNOWN	arinvie.
1	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no grunknown) (It yes, give wor or dates all service) 16. SOCIAL SECURITY NO.	7. INFORMANT
	No	ANNIE N. HOPE. Well- W. Flesh ST.
	TIB. // / CAUSE OF DEATH	APPROXIMATE INTERVAL
	7 / 00/17	BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	berlege Urrest Judden
	(A) IMMEDIATE CAUS	CONSEQUENCE OF:
	heart failure, asthenio, etc. It means the disease,	CONSEQUENCE OF.
	injury or camplication which caused death.)	0160
	ANTECEDENT CAUSES	(. V . Nessean .
	Districts on Contentions, is any, giving	CONSEQUENCE OF:
	rise to the obove couse (A) stating the UNDERLYING CONDITION tast.	se Lewy Desease.
	44	
	Z OTHER EIGNIEIGANT CONDITIONS CONTRIBITING	7
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	laly
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID (If in Baltimare City, give exact location)
	OR CONTRIBUTING CAUSE OF home, lorm, foctory, street, office	ce bldg., INJURY OCCUR?
	DEATH (notify medical examiner)	
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	While At Not While At Not While At Work	
		19/30 16 1/2 170
1	22. I certify that (I) (this hospital) attended the deceased from	10 20
	that (I) (we) lost sow the deceased alive on	19ond that In(my) (our) opinion death accurred on the date
1	ond hour and from the couses stated above. (1) (We) (did) (did not) vie	ew the body ofter deoth.
	23A. SIGNATURE	23B, DATE SIGNED
		ding Med. Staff Director Phys. D
	DEGREE	BD. ADDRESS
	NAME (Type) SECTOH	1115 N ALVERT ST
	DEGREE	
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM	AATORY 24D. LOCATION (City, town, or county) (Stote)
	Dulia 12-14-10 (avver Mon	reak Laurel Md.
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR
	DEC 11 100 Poles E. Jalley M	- El Digt F. novel than 1/29 Ni Povel M
1		The second of th
	VS 150-REV. 1/1/68	



FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT 70 12018 CERTIFICATE OF DEATH REG. NO. th occurred in a hospital and contributing cause of death etermined cause; (5) Deceased the Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 00 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE | Where deceased lived. If institution: residence before admission.
A. STATE

8. COUNTY attendance FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET v ADDRESS OR LOCATION) 0 D. INSIDE CITY LIMITS? al timore NO prior Union Memorial hospital E. STREET AND NUMBER North de in regular 5. SEX 6. RACE 7. MARRIED NEVER MARRIED BE 9. AGE (In years Il Under 1 Yr. Manths: Days Il Under 24 Hrs. Hours : Min. deceased last birthday WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole of loreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most al warking life, even if retired) Retired the direct or (4) Und Semi Was 13. FATHER'S NAME the assistant if ames death in regular attendance on kind; 15. Was Deceased Ever in U. S. Armed Faices? (Yes, na oi unknown) (III yes, give war at doles of service) 1 6. SOCIAL 17. INFORMANT ADDRESS final SECURITY NO. James C. Rhoten, Jr. Elizabeth Rd., Glen Burnie 216-05-8611 No any pronounced CAUSE OF DEATH APPROXIMATE INTERVAL MO. 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY mbalmed fracture of LEADING TO DEATH (This does not mean the mode al dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which caused death.) ardiae arres ANTECEDENT CAUSES Who 0 are (3) A DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF rise to the above cause (A) stating the where the physician UNDERLYING CONDITION lost, before the remains the body was released to the hospital by a medical shows: (1) An accident of any nature; (2) Body burns; physician was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in a about 21C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? (If in Baltimore City, give exact lacation) and (6) No DEATH (natify medical examined MEDIC obtained (Manth) (Day) (Year) (Hous) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? approved OF INJURY (except While At r Not While (APPROXI Wark At Wark 22. I certify that (1) (this hospital) attended the deceased from 12/ pe that (1) (we) last saw the deceased alive on 12/7 and that In(my) (aur) apinion death occurred an the date hospital death) and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death. must 23A. SIGNATURE Attending 0 Med. pproval ø 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS to Memorial was D.O.A. deceased written ap 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION [Stote] REMOVAL (Specify) Md. Grace Cemetery Hampstead Balto. Co., 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Tipton-Eline Funeral Home, Hampstead, Md. VS 150-REV. 1/1/68



VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 70 12021 CERTIFICATE OF DEATH the a hospital and or cantributing cause at death Undetermined cause; (5) Deceased I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 12/ UD Ralph T. Mister eath. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance A. STATE Md. (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF O HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? attend 10 House in the Pines Belvedere Balto YES = prior E. STREET AND NUMBER accurred 9. AGE (In years 606 Berry dispasitian is made regular B. DATE OF BIRTH If Under 1 Yr. 5. SEX 6. RACE last birthday MARRIED NEVER MARRIED deceased Manthsi Days Male WIDOWED DIVORCED Cauc. 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death done during most of working life, even if retired) Md. Roofer Retired Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the direct (4) assistant if 0 death kind; 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give was ar dates of service) or final 13-03-401 the ance Bessie B. Mister any CAUSE OF DEATH pranaunced attend Alsa, DISEASE OR CONDITION DIRECTLY balmed of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This daes not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUE heart failure, asthenia, etc. It means the disease, ular examiner aminer. injury ar camplication which caused death.) em ANTECEDENT CAUSES who 8 re are 4 DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving ex rise to the above cause (A) stating the (3) physician UNDERLYING CONDITION last. the remains chief medical medical 11 ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) Body 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIFIC 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION the 0 WAS PERFORMED before by the (2) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, office btdg., INJURY OCCUR? (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF ta the haspital Na DEATH (notify medical examined any nature; MEDIC/ by abtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (9) OF INJURY approved (except Not While While At (APPROX.) pup Work At Wark 22. I certify that (1) (this haspital) attended the deceased fram . and that in (my) (our) apinian death occurred on the date ..19 that (1) (we) last saw the deceased alive an be d. ospital death) and haur and from the causes stated abave. (1) (We) (did) (did-nat) view the bady after death. must accident 23A. SIGNATURE must Attending [] Med. Staff was rele ے ţ Director L approval Phys. 0 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS certificate prior at An 6821 Reisterstown Road Kolman, M. D. DEGREE Lester A 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased the bady D.0. REMOVAL (Specify) decease shows: Burial Woodlawn Balto. Md. W as 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR

23B, DATE SIGNED (City, town, or county) ADDRESS Chenoweth 3rd. 3617 Chestnut

0

NO

Hours

U.S.

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

ADDRESS

(same)

If Under 24 Hrs.

TABLE OF THE PARTY AT THE REAL PROPERTY SET ensel- mirlarded bank and realistic AT A PARTICIPAL ADDRESS OF THE PARTICIPAL AND ADDRESS OF THE PARTI Balte, Mar medites of A.St Inland with the rest startened of the

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C-355 70 1	J(1/34)	TE OF DEATH	REG. NO.	
BIRTH NO.	CERTIFICA	ALL OF DEATH		
1 (T	- ()	2. DATE AN	D HOUR OF DEATH	
Clarence C	otthAN	1:	2/10/70	8 AM
3. PLACE IN BALTIMORE, MARYLAND, WHI	RE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhe	re deceased lived. Il in:	stitution: residence belore odmissi
FULL NAME OF (IF NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET	Ind.		15-11
HOSPITAL OR ADDRESS OR LOCATION	INO	C. CITY OR TOWN	ID INSI	DE CITY LIMITS?
12/	- 01	BAITIMORE		YES NO NO
SINAI HOSPITAL OF	= DALTIMORE	E. STREET AND NUMBER	0 /	7
		3526 Co.	Van Delo	Pal
5. SEX 6. RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., II Under 24 I
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10A. USUAL OCCUPATION (Give kind of work 10	E KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	an country!	12. CITIZEN OF WHAT COUN
done during most of working life, even il retired)	construction	MarylaND		/
13. FATHER'S NAME	JONSTRUCTIEN			U.SA.
		14. MOTHER'S MAIDEN NAM		14 244
George Cottma		Ella Mad	dox	
15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) III yes, give wor ar doles a	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1/0	188-05-293	110/ 7		
18.	CAUSE OF DEAT	TCHARI		Anna Carretta
DISEASE OR CONDITION DIREC		Line	. 10 /	APPROXIMATE INTERVA
LEADING TO DEATH		HATIC Carcino	4 SOF PROSTAT	E Mos
(This does not meen the made of dy	ing, e.g., (A) IMMEDIATE CAI	A CONSEQUENCE OF:		7,000
heart failure, asthenia, etc. It means the injury or complication which caused de	disease,	A GONSEGUENCE OF:		
ANTECEDENT CAUSES	D11168			
	(B)			
DISEASES OR CONDITIONS, if any rise to the above cause (A) ske	, giving DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)			
11				**********
OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING			
TO THE DEATH BUT NOT RELATED TO THE T	(A)			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFOR	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)		NDINGS CONSIDERED
THE PERFORMANCE OF THE PERFORMAN			IN CERTIFYING CAU	SES OF DEATH?
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If In Boltimore	City, give exoct locotion)
DEATH (notify medical examined	etc.)	THE STORY THE OWN OCCUR!		
O 21D. TIME (Month) (Doyl (Year) (H	oud 21E INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUP?	
E (APPROX.)	While At Not While			
	Work L At Work			
22. I certify that (1) (this hospital) at		14/19 1	9 70 10	12/10/19/0
that (1) (we) last saw the deceased a	~ / /	19 10 and tha	t in (my) (our) opini	on death occurred on the d
and hour and from the causes stated	abave. (1) (We) (did) (did not) v	lew the body after death.		
23A. SIGNATURE	1			238, DATE SIGNED
Lovel Money (Su	(00 A) / / Dh	nding Med.	Staff [7]	12/12/2
23C. PHYSICIAN'S NAME (Type)	1 (1) OEGREE Phys	Director F	hys. L	12/10/10
NAME (Type)	1/ 9,			
- Jee layer C	heleky 11. DOEGREE			
24A. BURIAL CREMATION, 24K. DATE	1111	MATORY 24D. LO	CATION (City,	town, or county! (Stote)
13/14/13	ArboTos Mon	1 Park Ba	Its. Md.	
25A. DATE REC'D BY HEALTH DEPT. 25B	NAME OF REGISTEAR	25C. FUNERAL DIRECTOR	1	ADDRESS
ULULI SIN RESERVE	a. Ben De D		ARCH 9	
/S 150-REV. 1/1/68			11001-1	28 E NORTI

FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

2-326 70 12022	BALTIMORE CITY			
DIDTH NIC	CEDTIEICA	TE OF DEATH	REG. NO.	
DIKITI 140.	CERTIFICA	IE OF DEATH		
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print) LITAKER, MARGAREY &	PAININ	12/9/	70	, A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN		4. USUAL RESIDENCE (When	e deceased lived. Il in	stitution: residence before admission)
		A. STATE B. COUN		/
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE	ION, GIVE STREET	marycoxx	21226	25-06
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
South palvimine	,	Bookenire	2226	YES NO
South Salvinnere Seniral Naspital	•	E. STREET AND NUMBER		
40		222d- 2011	IN Pd	
C COV		8. DATE OF BIRTH	9, AGE (In years	
S. SEX 6. RACE 7- MARRIED	NEVER MARRIED		tast birthdoyl	If Under 1 Yr., If Under 24 Hrs. Months Doys Hours Min.
Inmale Right WIDOWED	DIVORCED	7/1/17	5.3	
10A. USUAL OCCUPATION Give kind of work 10B. KIND OF B	USINESS OR INDUSTRY	11. BIRTH. LACE (State or forei	gn cour .	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		Muali		
Nousewye		Matth Caroless	1	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
Same 1. Bud		Pather	Newson	
15. Was Deceased Ever in U. S. Armed Forces?	6. SOCIAL	17 INFORMANT	Trexceroes	ADDRESS
15. Was Deceased Ever in U. S. Armed Forces? 1 (Yes, no or unknown) (II 'yes, give war or dates of service)	SECURITY NO.	1		0
20		Nector Eller Tu	ah 1708	Arady Guerre
18.	CAUSE OF DEATH		1	APPROXIMATE INTERVAL
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LEADING TO DEATH	v ce	a Mullman	a Myoran	del
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	SE arry am)	
heart foilure, asthenia, etc. It means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:	who	
injury or camplication which caused deoth.)	100	Α.		
ANTECEDENT CAUSES	10) 1111	/ B		
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	<i>j</i>	
rise to the obove couse (A) stating the	Dirl	setis Millit	w	
UNDERLYING CONDITION last.	(c)			000000000000000000000000000000000000000
11				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL		*************************		
		- Tana 1 - 11 - 11	208. IF YES, WERE	
19A. DATE OF OPERATION 198, CONDITION FOR WE	ICH OPERATION	20 A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WE	IICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED				USES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. P! OR CONTRIBUTING CAUSE OF home,	LACE OF INJURY(e.g., in	20A. AUTOPSY? (Tes or No nor about 21C. WHERE DID fice bldg., INJURY OCCUR?		FINDINGS CONSIDERED USES OF DEATH? re City, give exact location
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19A. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PI OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. II	LACE OF INJURY(e.g., in	or about 21C. WHERE DID	(II in Boltima	USES OF DEATH?
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19A. DATE OF OPERATION 19B. CONDITION FOR WEWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF Long. DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. II While Work 22. I certify that (I) (this haspital) attended the	LACE OF INJURY (e.g., ir form, foctory, street, off NJURY OCCURRED At Not While At Work deceased fram	21 C. WHERE DID INJURY OCCUR?	(II in Boltima	re City, give exoct location
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19A. DATE OF OPERATION 19B. CONDITION FOR WEWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF Long. DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. II While Work 22. I certify that (I) (this haspital) attended the	LACE OF INJURY (e.g., ir form, foctory, street, off NJURY OCCURRED At Not While At Work deceased fram	21F. HOW DID INJ	(II in Boltima	re City, give exact location 19, inian death accurred an the date
19A. DATE OF OPERATION 19B. CONDITION FOR WEWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. Pl home, etc.) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. II While Work 22. I certify that (1) (this haspital) attended the that (1) (we) last saw the deceased alive an	LACE OF INJURY (e.g., ir form, foctory, street, off NJURY OCCURRED At Not While At Work deceased fram	21C. WHERE DID NOT about 21C. WHERE DID NJURY OCCUR? 21F. HOW DID INJ 2 39 and the liew the bady after death.	(II in Boltima	re City, give exoct location!
19A. DATE OF OPERATION 19B. CONDITION FOR WEWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. Pl home, etc.) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E, II While Work 22. I certify that (1) (this haspital) attended the that (1) (we) last saw the deceased alive an	LACE OF INJURY (e.g., ir form, factory, street, of NJURY OCCURRED At Not While At Work deceased fram	21C. WHERE DID NOT about 21C. WHERE DID NJURY OCCUR? 21F. HOW DID INJ 2 39 and the liew the bady after death.	(II in Boltima URY OCCUR? 19ta at In (my) (aur) ap	re City, give exact location 19, inian death accurred an the date
19A. DATE OF OPERATION 19B. CONDITION FOR WEWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF Local Control of Injury (APPROX.) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. II While Work 22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (I) 23A. SIGNATURE	LACE OF INJURY (e.g., ir form, foctory, street, off NJURY OCCURRED At Not While At Work deceased fram	21F. HOW DID INJ 21F. HOW DID INJ 21F. How DID INJ 21F. How DID INJ 31F. How DID INJ	(II in Boltima	inian death accurred an the date
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	prior to deaf e.	d cause; (5) D	יווא כמסיים
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1	ndance on th or final dispe	any kind; (4)	if the direc
	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
	ysician was i	Body burns; (A HIGHICAL
	and (6) No phobtained before	ny nature; (2)	ne nosbirai
	deceased prior to death); written approval must be o	accident of a	released to t
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4	the state of the 1	7.1	E. STREET AND NUMBER	luit	YES W NO W
5. SE)	MARK	IED NEVER MARRIED	B. DATE OF BIRTH	P. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
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13. FA	ATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
200	Robert Eston		Ida M. Ter	ny	
(Yes,r	os Deceosed Ever in U. S. Armed Forces? 10 orunknown) (If yes, give wor or dotes of servi	ce) 1 6. SOCIAL SECURITY NO.	Lewis Yeli	ty 500	Lynhoust Av
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_ 0	1A. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.)	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
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tl	2. I certify that (I) (this hospital) attend hat (I) (we) last saw the deceased alive	on 12:10.	19.7. Q and the	9 7 () to fig	2 197 O
	nd haur and fram the causes stated abov	e. (i) (we) (did) (did nat)		Shaff Phys.	23B. DATE SIGNED
	BURIAL CREMATION, 248. DATE 24	GURA . 17D C. NAME OF CEMETERY OF CR	23D. ADDRESS	100PITAL,	BALTU-16. 17D
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150		CITY HEALTH DEPARTMENT	70 12024
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BIR L. N	TH NO.	2. DATE AND HOUR OF DE	SATH
Тур	oe or Print) HELEN I. ElliOTT	509 Am 83	Dec 70
3. F	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived	. If institution: residence before admissi
		A. STATE B. COUNTY	CAP
0	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D	INSIDE CITY LIMITS?
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	3	E. STREET AND NUMBER	its
ſ	The Johns Hopkins Hospital		
S	EX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 H
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ini	e during most of working lile, even il retired)	m	1100
	FATHER'S NAME	14. MOTHER'S MAIDENNAME	USA
	•	/ //	
	Joseph Sewell	Maude Horsm	
5. Yes	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
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	18. CAUSE OF DI	EATH	APPROXIMATE INTERVA
	DISEASE OR CONDITION DIRECTLY	P - I A	A DETWEET CHISET AND DE
	LEADING TO DEATH		rrest
	(This does not mean the made of dying, e.g., DUETO, OR heart lai(ure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF	
	injury or complication which coused death.)	(15/1)	
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	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the	R AS A CONSEQUENCE OF:	
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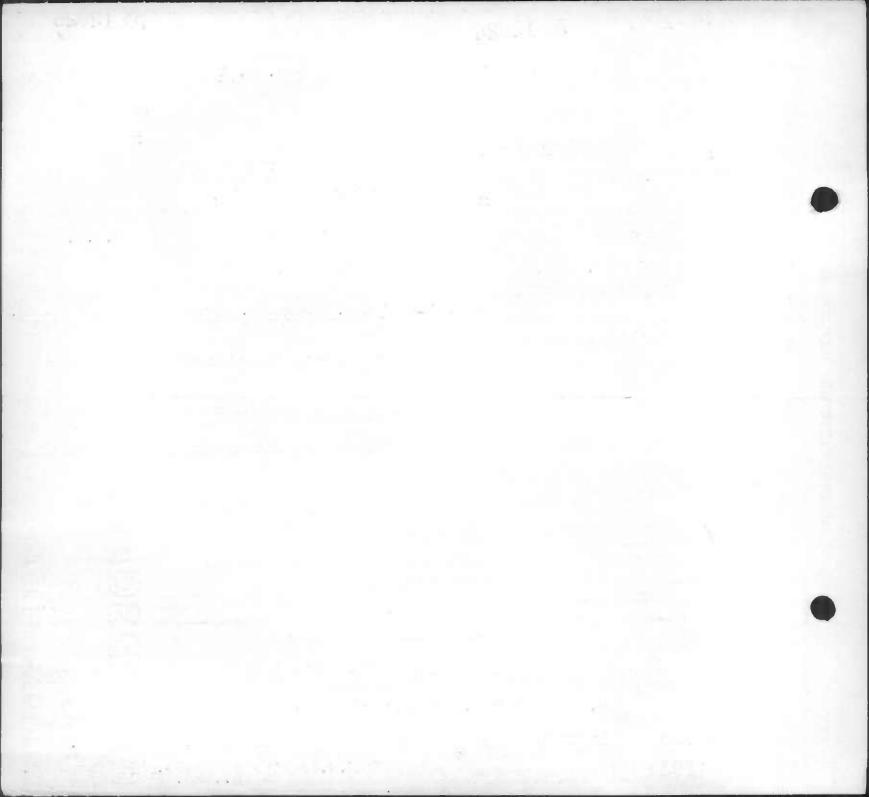
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ause; (5	FULL NAME OF (IF HOSPITAL OR A	NOT IN HOSPITA			MARYLAND c. CITY OR TOWN	D.	INSIDE CITY LIMITS?)
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S or	HOUSEWIFE		0002	Homa	WISCONSI		USA	
if d ect 4) U wa the spos	13. FATHER'S NAME				14. MOTHER'S MAI	DEN NAME		
4.5	15 W - D - 15	??	Fitzke		DELLA GRA	AVINE		
o i o o o o o o o o o o o o o o o o o o	15. Was Deceased Ever in (Yes, no or unknown) (If yes,	give wor ar dotes	of service)	SECURITY NO.	17. INFORMANT	CATON AVES	BALTO MD 2	1229
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he c by (2) B re t phy fore	21A. ACCIDENT WAS	UNDERLYING	218. PLA	CE OF INJURY (e.g., I	n ot obout 21C. WHERE	DID WAR	imore City, give exact location	
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dent of death)	and have and from t	he causes state	d obave, XIX (W	(e) (did) [@]@ %of() v	few the body after	death.		
- V C	Suylok	Beren	alol-	Maria Dhan	nding Med.	Staff Phys.	23B, DATE SIGNED	
0 - 0 >	23C. PHYSICIAN'S NAME (TYPE P WEST PH	ALEN M	D	DEGREE	23D. ADDRESS	rnysac-i	10/0/10	
wa wa A. A. A. A. Pri	T WESTPH	ALEN, M.		DEGREE	WILKENS &	CATON AVES	BALTO MD 21	229
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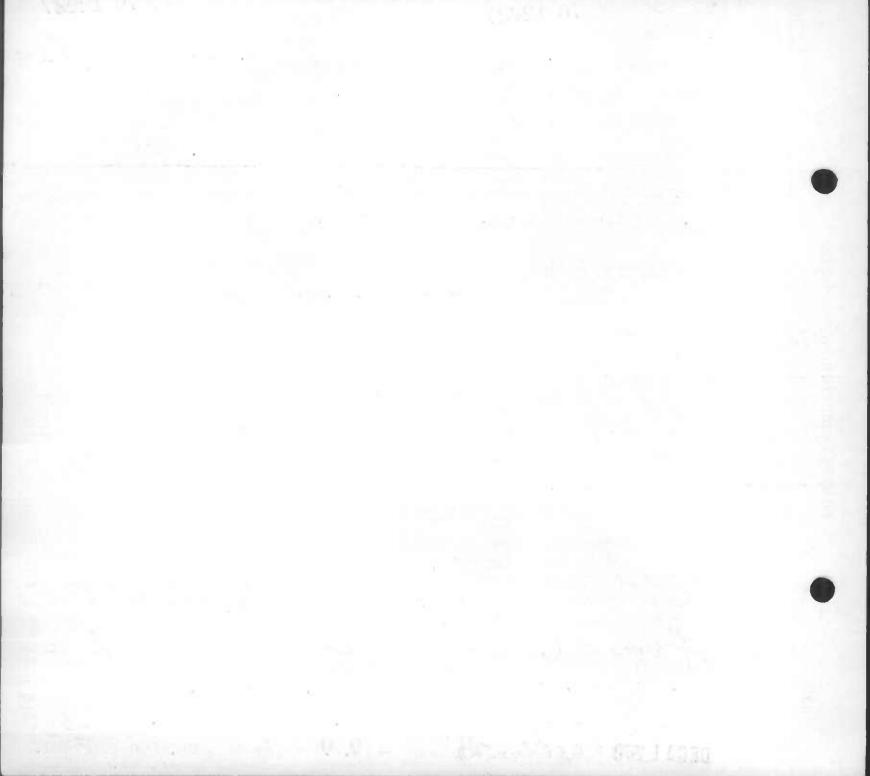
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100	AME OF DECE	ASED		CERTIFICA	TE OF DEATH	REG. NO	
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FU	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Maryland		27-78
IN	STITUTION	ADDRESS OR LOCA	(IION)		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
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5. :	F	6. RACE	WIDOWED		8. DATE OF BIRTH 7/7/1905	9. AGE (in years last birthdoy)	If Under 1 Yt. If Under Months Doys Hours
don	USUAL OCCUI	PATION (Give kind of work orking life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore	eign country)	12. CITIZEN OF WHAT CO
		ewife	Own	Home	Mary	land	U.S.A.
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		les W. King			Mary Bell		
15. (Ye:	Was Deceased E s, no or unknown)	or in U. S. Armed Fore	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		309 Charter
	No			217-14-5407	Mrs. Gladys	K. Myrick	
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ATI	OTHER SIGNIFIC	abave cause (A) CONDITION last, II CANT CONDITIONS CO! BUT NOT RELATED TO TAIN NOTION GIVEN IN PART PERATION 1198. CONI	Stating the STRIBUTING IE TERMINAL I 1 (A). DITION FOR W	(C)	20A-AUTOPSY? (Yes or No	D) 20B. IF YES, WERE	FINDINGS CONSIDERED
RTIFICATI	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	abave cause (A) CONDITION last, II ANT CONDITIONS CO! BUT NOT RELATED TO THOUSEN IN PART OPERATION 198. CONI WAS PERF	Stating the NTRIBUTING IE TERMINAL I 1 (A). DITION FOR WORMED	VHICH OPERATION	No	D) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CERTIFICATI	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF C	abave cause (A) CONDITION [ast, III CANT CONDITIONS CO! BUT NOT RELATED TO TH NDITION GIVEN IN PART PERATION 198. CON WAS PERF WAS UNDERLYING IN IN PART ING IT CAUSE OF	Stating the VIRIBUTING IE TERMINAL I (A). DITION FOR WORMED 218, home	VHICH OPERATION			FINDINGS CONSIDERED AUSES OF DEATH?
CAL CERTIFICATI	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A DATE OF C 21A. A CCIDENT OR CONTRIBUTION DEATH (notify n	abave cause (A) CONDITION last. ANT CONDITIONS CO! BUT NOT RELATED TO THE NOTION GIVEN IN PAR PERATION 198. CONI WAS PERF WAS UNDERLYING ING CAUSE OF	NTRIBUTING IETERMINAL IT (A). DITION FOR WORMED 218. homelet.	VHICH OPERATION PLACE OF INJURY (e.g., in foctory, street, of	NO n or obout 21C, WHERE DID fice bidg., INJURY OCCUR?	(If In Baltima	
ICAL CERTIFICATI	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF CONTRIBUT TO CONTRIBUT TO THE CONTRIB	abave cause (A) CONDITION [ast, III CANT CONDITIONS CO! BUT NOT RELATED TO TH NDITION GIVEN IN PART PERATION 198. CON WAS PERF WAS UNDERLYING IN IN PART ING IT CAUSE OF	NTRIBUTING IETERMINAL IT (A). DITION FOR WORMED 218, homeletc.) (Houd) 21E.	PLACE OF INJURY (e.g., in a form, foctory, sheet, of	No n or about 21 G. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJ	(If In Baltima	
MEDICAL CERTIFICATI	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF C 21A- A CCIDENT OR CONTRIBUTE DEATH (notify in 21D-TIME (APPROX.)	abave cause (A) CONDITION last, ANT CONDITIONS COPE BUT NOT RELATED TO THE NOTION GIVEN IN PART PERATION 198. CONT WAS PERF WAS UNDERLYING 1 ING CAUSE OF nedicol examiner Month) (Doy) (Year)	Stating the VIRIBUTING IE TERMINAL I 1 (A). DITION FOR WORMED 218, homeetc. (Houd) 216, Whill World	PLACE OF INJURY (e.g., in a factory, street, of injury occurred to the control of	NO n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJ	(If In Bollimon	ore City, give exact location)
MEDICAL CERTIFICATI	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF CO 21A- ACCIDENT OR CONTRIBUT DEATH (notify n 21D-TIME (OF INJURY (APPROX.)) 22. I certify th	abave cause (A) CONDITION last. ANT CONDITIONS CO! BUT NOT RELATED TO THE NOTION GIVEN IN PAR OPERATION 198. CONI WAS PERF WAS UNDERLYING ING CAUSE OF nedicol examines) Menth) (Doy) (Year)	NTRIBUTING IE TERMINAL I 1 (A). DITION FOR WORMED 218. homelet. (Houd) 21E. Whill World	PLACE OF INJURY (e.g., ire, form, foctory, street, of MURY OCCURRED Not While AI Work are deceased from	No n or about 21 G. WHERE DID fice bidg., INJURY OCCUR? 21 F. HOW DID INJ	(If In Bolliman	ore City, give exact location]
MEDICAL CERTIFICATI	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF CONTRIBUTION DEATH (notify in 21D-TIME (APPROX.)	abave cause (A) CONDITION last. ANT CONDITIONS CO! BUT NOT RELATED TO THE NOTION SIVEN IN PAR OPERATION 198. CON WAS PERF WAS UNDERLYING ING CAUSE OF nedicol examines! Month) (Doy) (Year) hat (1) (this hospital) ast saw the decease	NTRIBUTING IE TERMINAL I 1 (A). DITION FOR WORMED 21 B. homietc. Whill World attended the	PLACE OF INJURY (e.g., ire, form, foctory, street, off INJURY OCCURRED le At At Wark are deceased from	No n or about 21G, WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJ B S-12 and th	(If In Bolliman	ore City, give exact location)
MEDICAL CERTIFICATI	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF CONTRIBUT OR CONTRIBUT (APPROX.) 21D-TIME (OF INJURY (APPROX.)	abave cause (A) CONDITION last. ANT CONDITIONS CO! BUT NOT RELATED TO THE MODITION GIVEN IN PAR OPERATION 198. CONI WAS PERF WAS UNDERLYING NO CAUSE OF nedicol examines! Month) (Doy) (Year) hat (1) (this hospital) ast saw the decease fram the causes state	NTRIBUTING IE TERMINAL I 1 (A). DITION FOR WORMED 21 B. homietc. Whill World attended the	PLACE OF INJURY (e.g., ire, form, foctory, street, off INJURY OCCURRED le At At Wark are deceased from	No n or about 21 G. WHERE DID fice bidg., INJURY OCCUR? 21 F. HOW DID INJ	(If In Bolliman	nre City, give exact location) 12-9 19 Inlan death occurred an ti
MEDICAL CERTIFICATI	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF CONTRIBUTION DEATH (notify in 21D-TIME (APPROX.)	abave cause (A) CONDITION last. ANT CONDITIONS CO! BUT NOT RELATED TO THE MODITION GIVEN IN PAR OPERATION 198. CONI WAS PERF WAS UNDERLYING NO CAUSE OF nedicol examines! Month) (Doy) (Year) hat (1) (this hospital) ast saw the decease fram the causes state	NTRIBUTING IE TERMINAL I 1 (A). DITION FOR WORMED 21 B. homietc. Whill World attended the	PLACE OF INJURY (e.g., ire, form, foctory, street, off INJURY OCCURRED le A1 Not While k AI Work le deceased from	No n or about 21C, WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJ B S-12 and the lew the bady after death.	(If In Bollimon URY OCCUR?	12-9 19 Inlan death occurred an ti
MEDICAL CERTIFICATI	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF INJURY (APPROX.) 22. I certify that (I) (we) 10 and haur and 123A. SIGNATURI 23C-PHYSICIAN	abave cause (A) CONDITION last. II CANT CONDITIONS COT BUT NOT RELATED TO THE MODITION GIVEN IN PART OPERATION 198. CONI WAS PERF WAS UNDERLYING IND CAUSE OF medicol examined Month) (Day) (Year) Dast saw the decease fram the causes state Cause of	NTRIBUTING IE TERMINAL I 1 (A). DITION FOR WORMED 21 B. homietc. Whill World attended the	PLACE OF INJURY (e.g., ire, offer, foctory, street, offer, foctory, foct	No n or about 21 C, WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJ B 19	(If In Bolliman	nre City, give exact location) 12-9 19 Inlan death occurred an ti
MEDICAL CERTIFICATI	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF CONTRIBUT DEATH (notify n 21D-TIME (OPF (N) URY (APPROX.) 22. I certify that (I) (we) I and have and 23A. SIGNATURE	abave cause (A) CONDITION last. II ANT CONDITIONS CO! BUT NOT RELATED TO THE MODITION GIVEN IN PAR? OPERATION 198. CONI WAS PERF WAS UNDERLYING NO CAUSE OF nedicol examines! Month) (Doy) (Year) that (1) (this hospital) ast saw the decease fram the causes state E	NTRIBUTING IE TERMINAL 1 1 (A). DITION FOR WORMED 21 B. home etc.) (Hough 21 E. Whill World dalive an ed above. (I)	PLACE OF INJURY (e.g., ire, form, foctory, street, of INJURY OCCURRED Le A1 Not While A1 Work A1 W	No n or about 21C, WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJ B 21F. HOW DID INJ B 319 and th lew the bady after death. Med. Director 23D. ADDRESS	(If In Bollimon URY OCCUR? 19 40 to	12-9 19 Inlan death occurred an ti
MEDICAL CERTIFICATI	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF CONTRIBUTION OR CONTRIBUTION (APPROX.) 21D-TIME (OF INJURY (APPROX.) 22. I certify that (I) (we) It and have and 23A-SIGNATURE) 23C-PHYSICIAN NAME (Typ) BURIAL CREM	abave cause (A) CONDITION last. II ANT CONDITION S CO! BUT NOT RELATED TO THE PROPERATION 198. CONI WAS PERF WAS UNDERLYING ING CAUSE OF nedicol examines) Month) (Day) (Year) And (1) (this hospital) Dest saw the decease fram the causes state Control of the causes state ATION. 1248. DATE	NTRIBUTING IE TERMINAL 1 (A). DITION FOR WOORMED 21B. homietc. Whill World attended the d alive an ed above. (I)	PLACE OF INJURY (e.g., ire, form, foctory, street, of INJURY OCCURRED INJURY OCCURRED IN All Work In deceased from Grand (We) (did) (did not) v Lucur Degree Phys J. Vollmer	No n or about 21C, where DID fice bidg., injury occur? 21F. How DID INJ S 19 70 and th lew the bady after death. Anding Med. Director C 23D. ADDRESS	(If In Bollimon URY OCCUR? 19 4 ta at In (my) (our) op! Stoff Phys.	Inlan death occurred an the signed of the si
WEDICAL CERTIFICATI	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF CONTRIBUTION OR CONTRIBUTION (APPROX.) 21D-TIME (OF INJURY (APPROX.) 22c. I certify that (I) (we) It and have and 23A. SIGNATURE) BURIAL CREM REMOVAL (Sp.	abave cause (A) CONDITION last. II ANT CONDITION S CO! BUT NOT RELATED TO THE PROPERATION 198. CONI WAS PERF WAS UNDERLYING ING CAUSE OF nedicol examines) Month) (Day) (Year) And (1) (this hospital) Dest saw the decease fram the causes state Control of the causes state ATION. 1248. DATE	Slating the NTRIBUTING IE TERMINAL I 1 (A). DITION FOR WORMED 21 B. hominetc. (Houd) 21 E. Whill Worl attended the d alive an ed above. (I) Alice 24 C. NA	PLACE OF INJURY (e.g., ire, farm, foctory, street, off injury OCCURRED Not White All Work in deceased from Grand Attended to the control of t	No n or about 21 C, WHERE DID fice bidg., INJURY OCCUR? 21 F. HOW DID INJ 2	(If In Bollimon URY OCCUR? 19 40 ta to the In (my) (our) op! Shaff Phys. COAd	Inlan death occurred an the signed of the si
MEDICAL CERTIFICATI	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF CONTRIBUTION DEATH (notify not 19A-DATE) or CONTRIBUTION (APPROX.) 21D-TIME (OPF INJURY (APPROX.) 22. I certify that (I) (we) It and have and 23A. SIGNATURE (Typ) BURIAL CREM REMOVAL (Sp. 3UTIAL)	abave cause (A) CONDITION last. II ANT CONDITION S CO! BUT NOT RELATED TO THE PROPERATION 198. CONI WAS PERF WAS UNDERLYING ING CAUSE OF nedicol examines) Month) (Day) (Year) And (1) (this hospital) Dest saw the decease fram the causes state Control of the causes state ATION. 1248. DATE	Slating the NTRIBUTING IETERMINAL 1 (A). DITION FOR WOORMED 218. homeletc. (Houd 218. Whill World attended the d alive an ed above. (I) Alice 24C. NA 70 Light 100 Light 100 Alice 24C. NA	PLACE OF INJURY (e.g., ire, form, foctory, street, of INJURY OCCURRED INJURY OCCURRED IN All Work In deceased from Grand (We) (did) (did not) v Lucur Degree Phys J. Vollmer	No n or about 21 C, WHERE DID fice bidg., INJURY OCCUR? 21 F. HOW DID INJ 2	(If In Bollimon URY OCCUR? 19 40 to at In(my) (our) opl Stoff Phys. Coad OCATION (Ci	Inlan death occurred an the signed of the si



					•	- 1
approved by the chief medical examiner or his assistant if death occurred in a hospital and	I to the hospital by a medical examiner. Also, if the direct or contributing cause of death	of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	(except where the physician who pronounced death was in regular attendance on the	1); and (6) No physician was in regular attendance on the deceased prior to death. Such	ition is made.	
examiner or his assistant if	xaminer. Also, if the direct	A fracture of any kind; (4)	who pronounced death we	regular attendance on the	are embalmed or final dispos	
proved by the chief medical e	the hospital by a medical ex	iny nature; (2) Body burns; (3)	except where the physician	and (6) No physician was in	vritten approval must be obtained before the remains are embalmed or final disposition is made.	
his certificate must be ap	he body was released to	hows: (1) An accident of a	vas D.O.A. at a hospital (leceased prior to death);	vritten approval must be a	

B-630 70 120) Che	HEALTH DEPARTMENT	REG. NO.	70 12027
DIKITI NO.	CERTIFICA	TE OF DEATH	XEO. 110	
1. NAME OF DECEASED (Type or Pnnt)			D HOUR OF DEATH	- 1
John G. Ba: 3. PLACE IN BALTIMORE, MARYLAND, WHERE P	rrett	De De	c. 9, 197	O 9 A A
STEACH TACTIONS MARILAND, WHERE P	KONOUNCED DEAD	A. STATE B. COUN	TY lived.	astilution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Md.		12-07
NOTITUTION		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
307 Wyman Park Dr:	ive	Baltimore E. STREET AND NUMBER		YES NO
DO				
5. SEX 6. RACE 7. 84.85		307 Wyman P		
MAP	RRIED NEVER MARRIED		9. AGE (In yours lost birthdoy)	Months Doys Hours Min.
MIDC 10A. USUAL OCCUPATION (Give kind of work 10B, KIP	OWED DIVORCED	8020-1884	86	
done during most of working life, even if retired)	AD OL BOSINESS OK INDOSIKI	11. BIRTHPLACE (Stole or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
	lto. City	Balto., Mary	land	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
Gustav Barrett		Unknown		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or doles of ser	16. SOCIAL	17. INFORMANT		ADDRESS
	vicel SECURITY NO.	T 70 0	T-3	21 2 2 4
No.	CAUSE OF DEAT	J. P. Oates	Executor	3209 Eastern Av
rise to the obove cause (A) stoting UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI	(c)	A CONSEQUENCE OF:		
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B, IF YES, WERE I	FINDINGS CONSIDERED
20		no	CERMI IMO CA	OSES OF DEATH!
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modicol exominer)	21B PLACE OF INJURY (e.g., inhomo, form, factory, stroot, af otc.)	or obout 21C. WHERE DID	(If to Boltimor	e City, give exect location)
21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX)	While At Work			
22. I certify that (1) (this haspital) attend		JULY 1	067 . 06	20 4 10 1
1 / 2			74-10	20 9 19 90
that((1)/(we) last saw the deceased alive			it ja (my) (aur) apli	nlan death accurred on the date
and haur and from the causes stated aba	ve. (1)/(We) (did) (did nat) v	lew the bady after death.		
23A. SIGNATURE	/		r	23B. DATE SIGNED
Tranco X. Con	DEGREE Phys		Staff Phys.	12-10-70
23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS		
Dr. Francis X. Carm	ody DEGREE	3201 N. Char	les St.	
4A. BURIAL CREMATION, 24B. DATE 24REMOVAL (Specify)	C. NAME of CEMETERY OF CRE			y, lown, or county) (Stote)
Burial 12-12-70	New Cathedral	Cem. Bal	timore, M	
	ME OF REGISTRAR	25C FUNERAL DIRECTOR R.W.Jenkins		ADDRESS
DEC 11 1970 Case & Ca				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	7 -11	BALTIMORE CITY	HEALTH DEPARTMENT		70 12028 -
B	0-5/6 12/54/0 12021	CERTIFICA	TE OF DEATH	REG. NO	27080
1,	NAME OF DECEASED	(-1	2. DATE A	ND HOUR OF DEATH,	10/2
IL	PLACE IN BALTIMORE MARTLAND, WHERE IR	DIFI	4:4	oam 12	2/6/10 M.
	/		A. STATE B. COU	NTY	stitution: residence before admission)
HH	ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) VISTITUTION	ASTITUTION, GIVE STREET	c. CITY OR TOWN		DE CITY LIMITS?
	Sinai Hise of Baltin	wra, Atchedu	E. STREET AND NUMBER	Baltimore	of breezering
Sy	SEX 6. RACE White WIDON	RIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 His. Months Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLA CE (Stote or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
Go	ne during most of working life, even if retired)		Sinai		
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	Filed Bamberger		Rachel	Bamberge	
15.	Wos Docoosed Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or doles of servi	16. SOCIAL SECURITY NO.	17. INFORMANT	D. M	ADDRESS
	18. 776 11	CAUSE OF DEATH	1 1000	Kur	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		1		BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying,	e.g., (A)IMMEDIATE CAU	SE Clindrae A CONSEQUENCE OF:	failing	<u></u>
	heart failure, osthenia, etc. It meens the dise injury or complication which coused death.)	ose,	-	/	
	ANTECEDENT CAUSES	(B) Hy	antia		
	DISEASES OR CONDITIONS, if ony, gives to the obove couse (A) stoling UNDERLYING CONDITION lost.	ving DUE TO, OR AS	A CONSEQUENCE OF:	e D. & Pn	eunothy
	11	(0)			***************************************
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL		***************************************	
CERTIFIC	19A DATE OF OPERATION 198 CONDITION F 12 6 78 WASPERFORMED	terax (Chest 1	West Of No.	IN CERTIFYING CAU	INDINGS CONSIDERED
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLÁCE OF INJURY (e.g., in home, form, foctory, street, olf etc.)	ice bldg. INJURY OCCUR?	(II in Boltimore	City, give exect location)
MEDI	21D. TIME (Month) (Doy) [Year) [Houd) OF INJURY	21 & INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
-	IAPPROX.)	Work Not While	P//	12	1
	22. I certify that (I) (this hospital) attended	1 . /	2/2/90	19to/2/	6 19 70
	that (i) (we) last saw the deceased office		19 10 ond th	ot in (my) (our) opin	ion death occurred on the date
	ond hour and fram the couses stated above 23ASIGNATURE	. (I) (We) (did) (did not) vi	ew the body ofter death.		
	Chilis Lequele	DEGREE Phys.	ding Med. Director	Shoff Phys.	12/6/70
	Ophelia Zarzuela	DEGREE	6/nai Hope	the of Bar	Himore, HO.
24/	REMOVAL (Specify) 248. DATE 240	NAME of CEMETERY OF CRE	MATORY 240. L	OCATION (City,	, lown, or county) (Stotel

230. PHYSICIAN'S

OPHCIA ZAYZULLA

24A. BURIAL CREMATION, 24B. DATE

REMOVAL (Specify)

1 2 6 70

DEGREE Phys. Director Phys. Director Phys. A

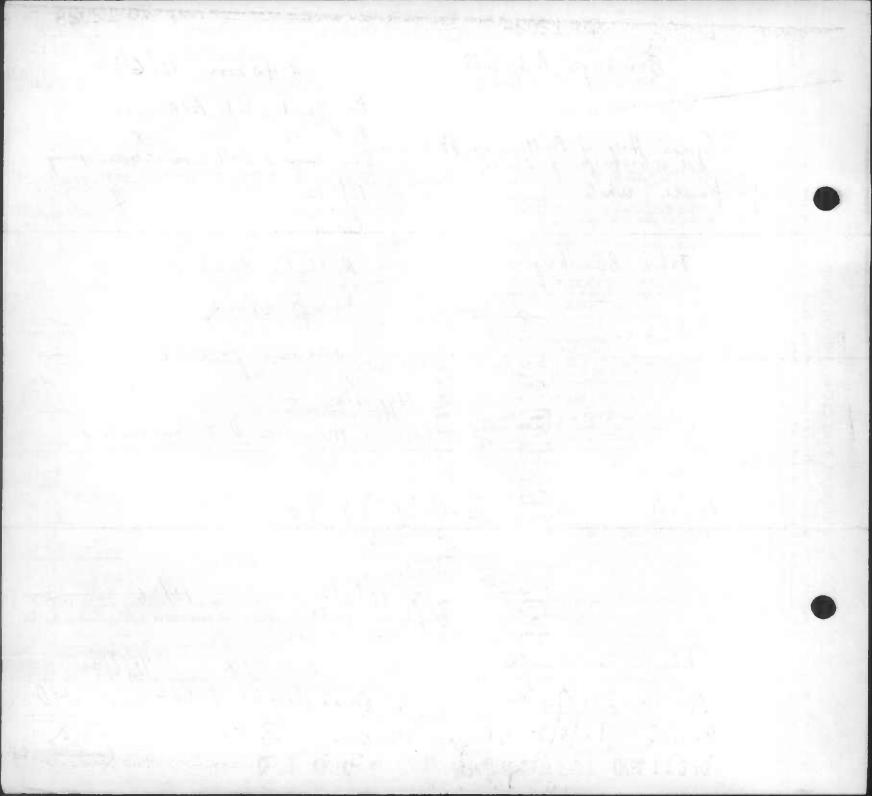
Director Phys. Director Phys. A

23D. ADDRESS

(Nai Harling tal of Battimore, HD.

DEGREE Phys. Director Phys. Director Phys. A

DEGREE Phys. Director Phys.



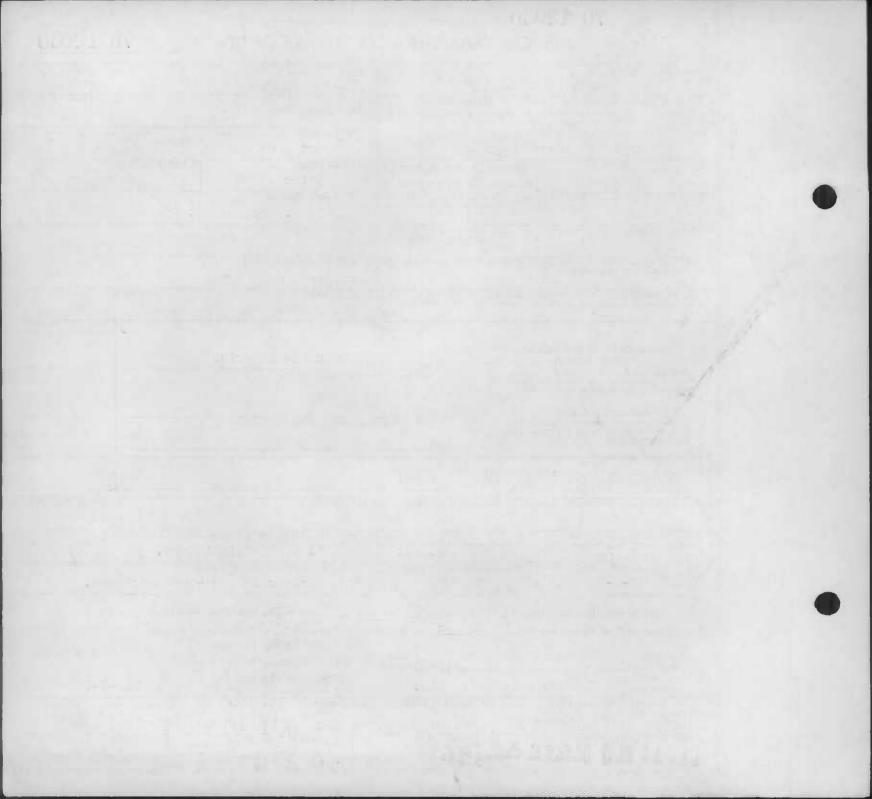
a hospital and cause of death ise; (5) Deceased	to death. Such
death occurred in ct or contributing Undetermined cau	osition is made.
to approved by the chief medical examiner or his assistant if death occurred in a hospital and do to the hospital by a medical examiner. Also, if the direct or contributing cause of death tof any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased to leave the physician who pronounced death was a second where the physician who pronounced death was in social and a second was a secon	ar attendance on the
ief medical examine a medical examine ody burns; (3) A frac	ician was in regul
a to the hospital by of any nature; (2) Bo	n); and (6) No phys be obtained before
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased where the physician who pronounced death was 100 A. at a hospital (except where the physician who pronounced death was 100 A. at a hospital (except where the physician who pronounced death was 100 A. at a hospital (except where the physician who pronounced death was 100 A. at a hospital (except where the physician who pronounced death was 100 A. at a hospital (except where the physician who pronounced death was 100 A. at a hospital (except where the physician who pronounced death was 100 A. at a hospital (except where the physician who pronounced death was 100 A. at a hospital (except where the physician who pronounced death was 100 A. at a hospital (except where the physician who pronounced death was 100 A. at a hospital (except where the physician who pronounced death was 100 A. at a hospital (except where the physician who pronounced death was 100 A. at a hospital (except where the physician who pronounced death was 100 A. at a hospital (except where the physician who pronounced death was 100 A. at a hospital (except where the physician who pronounced death was 100 A. at a hospital (except who pronounced death who physician who pronounced death was 100 A. at a hospital (except who physician who physician who physician was 100 A. at a hospital (except who physician who physician who physician who physician was 100 A. at a hospital (except who physician	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	3-653 70 13	2029		HEALTH DEPARTMENT TE OF DEAT		70 12029		
	NAME OF DECEASED				TE AND HOUR OF DEATH	(1.5 7		
	Grant, Rosalee					A.A		
3.	FULL NAME OF ADDRESS OR LOCATION! Provident Hospital 1514 Divison Street Baltimore, Maryland 21217			4. USUAL RESIDENCE A. STATE B. C	OUNIT	nstitution: residence before admission)		
H				Maryland C.CITY OR TOWN Baltimore	D. INS	SIDE CITY LIMITS?		
				E. STREET AND NUMBER 1830 Madison Ave.				
F	emale Negro	MARRIED [# DIVORCED	8. DATE OF BIRTH 8/24/10	9. AGE (In years lost birthdoy) 61	If Under 1 Ye, If Under 24 Hrs. Months Doys Hours Min.		
IIO.	A. USUAL OCCUPATION (Give kind of work 10 ne during most of working life, even if relired)	B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote o	t foreign country)	12. CITIZEN OF WHAT COUNTRY		
				South Caroli	na	U. S. A.		
	nemployed			14. MOTHER'S MAIDEN	****			
J	ohn Robinson			Daphney Smal	1			
15.	Was Deceased Ever in U. S. Armed Forces s,no or unknown) (If yes, give war or dales of	?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
1		or service)	SECURITY NO.	Mrs. Sarah Miles-Daughter Cockeyville Md				
-	VO 18.		Inknown CAUSE OF DEATH		MITES-Daught	APPROXIMATE INTERVAL		
NOI	ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any tise to the obove cause (A) st UNDERLYING CONDITION last.	RIBUTING	(B) DUE TO, OR AS	SPARIC ON A CONSEQUENCE OF:	rarian Caro	i'noma		
AT	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1	(A).	***************************************			**********************************		
ERTIFICATION	198- CONDITION FOR WHICH OPERATION WAS PERFORMED			YES	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	218. I hame etc.)	PLACE OF INJURY (e.g., in , farm, factory, street, affi	or obout 21 C. WHERE DI	D (If in Boltimor	e City, give exact location)		
MEDI	21D.TfME (Manth) (Doy) (Yeor (Hous) 21E fNJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work			21F. HOW DID INJURY OCCUR?				
	22. I certify that (1) (this hospital) attended the deceased from 11/16/70 19 ta] 2/8/70 19 that (1) (we) last saw the deceased clive on 12/8/70 19 ond that in (my) (our) opinion death accurred on the							
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.							
	23A SIGNATURE M. K. Q	Atten Phys.		Shaff Phys.	23& DATE SIGNED Dec. 9, 1970			
	23C. PHYSICIAN'S NAME (Type) M. K.	3-HO:		3D. ADDRESS	n Street Balt	cimore, Md.		
247	REMOVAL (Specify) 248. DATE	24C.NA	ME of CEMETERY OF CREA	MATORY 241	D. LOCATION (Ci	ly, lown, or county! (Stote)		
	Burial 12/12/70	Art	utus Memorial	Park	Baltimore, Ma	ryland		
25/		B. NAME OF		25CONUNERAL DIREC	TOR	ADDRESS		
140			INS.	A.S. Phill	IDS 1/2/ Nort	h Monroe Street		

M. K. GHESH NO

M-46	70	120			MORE CITY HE			05	DEAT	* *	70	12030
PIDYU NO		WED	ICAL	EXAM	IINER'S	LEKIIFI	CATE	OF	DEAT	H REG. NO	0. / 0	12000
I. NAME OF DEC		RADY M	ILLER			2. DATE OF DEATH	Known	ited []	Manth	Day	Year	Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD									Month	Day	Year	Hour
FULL NAME OF HOSPITAL	(IF NO	TIN HOSPITA	AL OR INSTIT	UTION, GIV	E STREET	PRONO	UNCED D	EAD	12	6	1970	10:30 p
OR INSTITUTION	aryland					5. USUAL R	Mary 1		deceased li	B. COUNT		before admission)
6. SEX	7. RACE		8. MARRIE	D NEV	ER MARRIED	C. CITY OF	TOWN			D. INSIDE	CITY LIMITS?	
male	negro		WIDOWE		DIVORCED [Ва	altimo	re			YES 🖾	по 🗆
9. DATE OF BIRT	н	10. AGE (In			. Il Under 24 Hrs. s , Hours , Min.	E. STREET	AND NUA	MBER				
1/20/04		last birthdo	y) /	onins i Duy	i noors min.	4	+20 E.	Pre	ston S	t.		
11. BIRTHPLACE	State or larely	n country)	12	. CITIZEN		13. FATHER	'S NAME					
Virginia	1			WHATC	OUNTRY? USA	Josep	h G.	Mille	r			
14A.USUAL OCCU	PATION (GIV	kind of work	14B. KIND	F BUSINE	SS OR INDUSTR	Y 15. MOTHE	R'S MAID	EN NA	NE .			
done during most of v Balto. Ga		- 1				Virgi	nia C	lark				
16. WAS DECEAS	ED EVER IN	U.S. ARMED		17. SO	CURITY NO.	IB. INFOR	MANT	1411			ADDRESS	
Yes, no or unknown	WW	1]	or service)		2-05-3400	Josep	h T	Mille	r 11	35 Nor	th Milto	on Avenue
19.	12 0				CAUSE OF DEA						Al	PPROXIMATE INTERVAL
DISEAS	E OR COND	MON DIREC	CTLY									
- Diserva	LEADING TO				(A)IMMEDIATE	CAUSE Mu	ltiple	inj	uries			
(This does of	nat mean the o, asthenia, etc.	made of dy	ing, e.g.,			AS A CONSEC	UENCE OF	Fz				
injury or con	mplication which	th coused dec	ath.)									
A	NTECEDENT	CAUSES			(B)							
DISEASES	OR CONDITION	ONS, IF ANY	, GIVING		DUE TO, OR	AS A CONSE	QUENCE C	OF:				
I IINDERIVII	NG CONDITI	ON LAST.	IING IHE		(c)							
<u> </u>		11			(0)							·
O THE DE	NIFICANT CON ATH BUT NOT R CONDITION	RELATED TO	THE TERMIN	NG AL								
20A. DATE O	F OPERATION	1 208. CON	NDITION FO	OR WHICH	OPERATION W	AS PERFORM	AED				21. AUTC	PSY? (Yes or No)
5											ye	S
	NAL CAUSE		22	B.PLACE	OF INJURY (e.g.,	In or about	22C. WHE	RE DID (If In Baltimo	re City, give	exact location)	
UNDERLYING UTING CA			he	me, torm, I	street office	te bldg., etc.)	Penns	Sy &	Dolphi	n Sts.	1203	2
≥ 22D. TIME		ay) (Year	r) (Hour)	22E.INJU	RY OCCURRED	9	22F. HOW	DID IN	URY OCC	UR?		
OF INJURY (APPROX.)	12-6-70	10	a "	WHILE AT		WHILE YORK	Driv	er i	n auto	-auto	acciden	t.
23.												
I cer	tify that I h	eld on I				topsy X	ond th	at on th	is basis,	death in n	ny opinion	
resul	ted from: N	atural cad	ses 🗌	Acciden	Sulcle	de 🗌 H	omicide [Indetermi	ned monne	-	
	(4/	1 /0	2 ~		CHIEF ME	DICAL E	XAMINER			DATE SIGNED
ACTUAL		///	mark	latto	M.E	ASS	ISTANT ME	EDICAL E	XAMINER	X		- AIL 3101123
EXAMIN		sidore	Mihal	akie	M D	ASS	OCIATE ME	EDICALE	XAMINER		12-7	-70
NAME (.,,,,,	4B. DATE	TITILAL		E of CEMETERY	or CDCALAT) PV	1240	OCATION	1 /0"		
REMOVAL (Spec			133								own, or county) (State)
Burial		12/11,			itus memo					re, Ma		
25A. DATE REC'D	BY HEALTH	DA A	258 NA	ME OF RE	GISTRAR		FUNERAL				ADDRESS	
REPT	19/4	Richard .	ch 48%	A ST	Service of	7 A.S	OPhi	11 ips	172	7 Nort	h Monro	e Street

VS 151-REV. 1/1/68



erncliff Cemetery

258. NAME OF REGISTRAR

REMOVAL (Specify)

VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

Buria T

(City, town, or county)

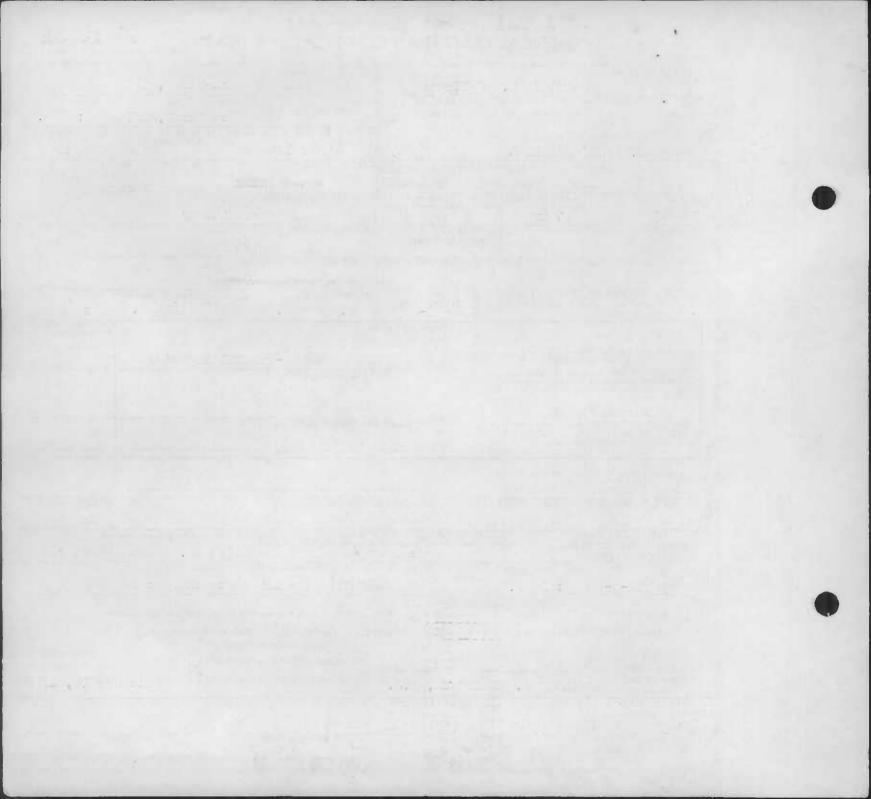
ADDRESS

Springfield

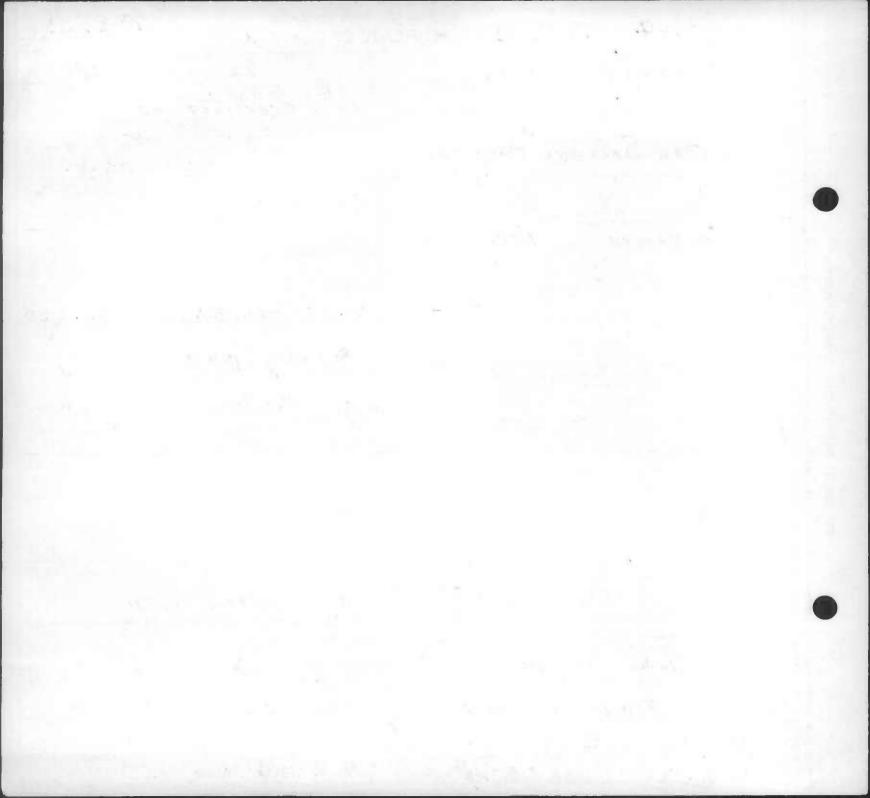
Witze, 4101 Edmondson Ave.,

25C. FUNERAL DIRECTOR

(State)

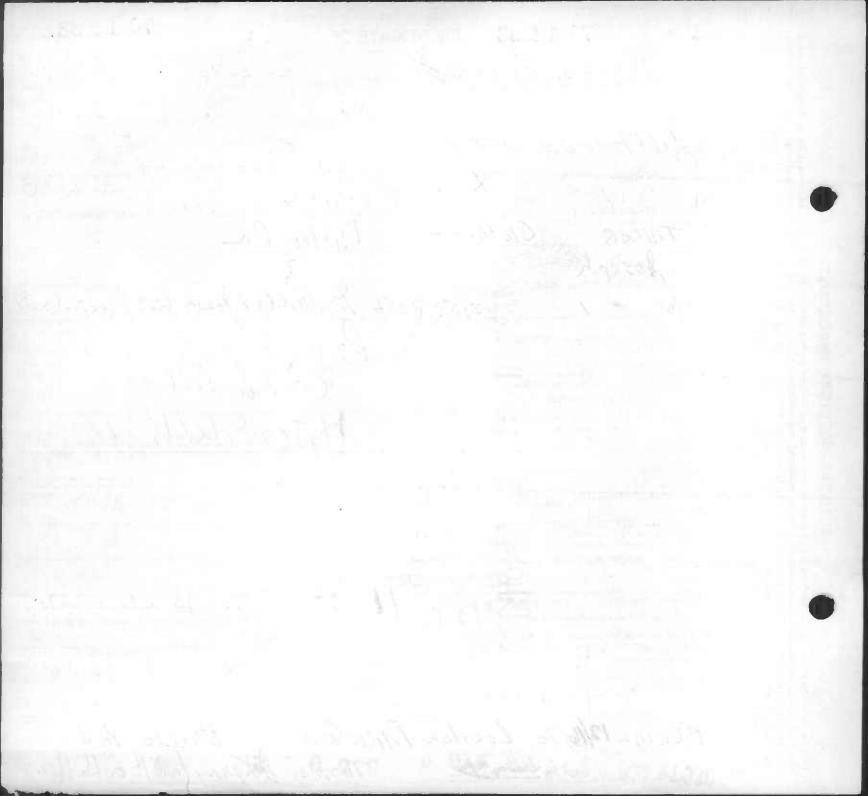


B-600 70 1203	BALTIMORE CIT CERTIFICA	Y HEALTH DEPARTMENT OF DEAT	. /	70 12032		
1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH					
3. PLACE IN BALTIMORE MARYLAND, WHERE PR	114. USUAL RESIDENCE	(Where deceased lived II	TO G AM			
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE MD. B. COUNTY Batlimore 5207 Overcrest Ave C. CITY ORTOWN D. INSIDE CITY LIMITS?					
Bon Secours H	E. STREET AND NUMBER SAME AS ABOVE 5207 Overcrest Ave.					
1,7						
M WIDON		8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Tr. Il Under 24 Hrs. Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work 10B, KIN) done during most of working life, even if relired) SIA LES man He	1.4.0	or foreign country)	12. CITIZEN OF WHAT COUNTRY			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
HARRY BERRY	Edmonia Lewis					
15. Was Deceased Ever in U. S. Armed Forces? (Tes, no or unknown) (It yes, give wor or dates of servi	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
no	213-09-4585	Mrs. Anita	Berry, 5207 (Overcrest Ave. 21207		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEAT	TH	. 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
(A) IMMEDIATE CAUSE RESPIRATION FACTOR TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc., it means the disease, injury or complication which caused death.) (A) IMMEDIATE CAUSE RESPIRATION FACTOR TO SECURITE TO Bracen amounts.						
ANTECEDENT CAUSES	lung & M	Pélas laises	being found			
DISEASES OR CONDITIONS, if any, giving nise to the above cause IA) stating the UNDERLYING CONDITION last.		A CONSEQUENCE OF:	***************************************	6 whs ago		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINO DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION WAS PERFORMED WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.)	in or about 21 C. WHERE D	OID (It in Baltim	nore City, give exoct locotion)		
21D. TIME (Month) (Doy) (Teor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work At Work						
22. 1 certify that (1) (this haspital) attended the deceased from 19-10 19 70 to 12-11 19 70						
that (1) (we) last saw the deceased alive				pinion death accurred on the date		
and have and from the causes stated above. (1) (We) (did) (did not) view the body after death.						
Journa Voronaksa	Ath DEGREE Phy		Shaff Phys.	23B, DATE SIGNED /2 · // · 70		
23C. FHTSICIAN'S NAME (Type)	QAKSA DEGREE	B.S.H.	2025 N. F	AGETTE STA		
24A- BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CR	EMATORT 2		City, town, or county) (Stote)		
B urial 12/14/70 W 25A. DATE REC'D BT HEALTH DEPT. 25B. NA/	Moodlawn Cemeter	25C. FUNERAL DIRE	Baltimore, Ma	aryland		
DEC 14 1970 R. G. G. E. Jack	San KA	/ 11 / 2 / 2 /	30° Edmondson .			



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death was D.O.A. at a cident (any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease was D.O.A. at a hospital (ary nature; (5) Decease of the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
the body shows: (was D.O decease written

	J-212 70 12038 CEPTIFICATE OF DEATH REG. NO. 70 12033						
Ì	BIRTH NO. CERTIFICATE OF DEATH						
	(Type of Print) Ja CO 65. Frank 1.						
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE IWhere deceosed lived. If institution: residence before admission) A. STATE B. COUNTY						
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS?						
1	Latheran, HOSP Bantimore, Mid YES NO [623-BROESIde, Rd						
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in yeors last birthday) 11 Under 1 Yr., If Under 24 Hrs. Months Doys Hours Min.						
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or loreign country) TAILOR (10 + 6 C C C C C C C C C						
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 7						
	15. Wos Decembed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 215051256 Mys Wildred Junes 627 DRPLS: A SH						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc., it means the disease, injury or complication which caused death.) (A) IMMEDIATE CAUSE / STATE OF THE TOTAL OF						
	DISEASES OR CONDITIONS, if any, giving (8) DUE 10, OR AS A CONSEQUENCE OF:						
	ise to the above cause (A) stating the UNDERLYING CONDITION lost. (c)						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).						
	19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED 19R. CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH?						
	OR CONTRIBUTING CAUSE OF home, form, forlory, street, office bldg., INJURY OCCUR?						
	21D. TIME (Monihi IDoy) (Yeer) (Hour) 21E INJURY OCCURED OF INJURY (APPROX.) While At Not While At Work						
	22. I certify that (I) (this hospital) attended the deceased fram 19 19 19 19 and that In (my) (our) apinian death accurred on the date						
	and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death.						
	Attending Med. Shoff N						
	NAME (Type DR. M. BASWAS FTD)						
	REMOVAL (Specify) 12/16/76 LOUDON PARK ON 124D. LOCATION Balfo Md (Stotel)						
	DEC 12 COM P. G. B. E. NAME OF REGISTRAR DESCRIPTION OF STREET OF						

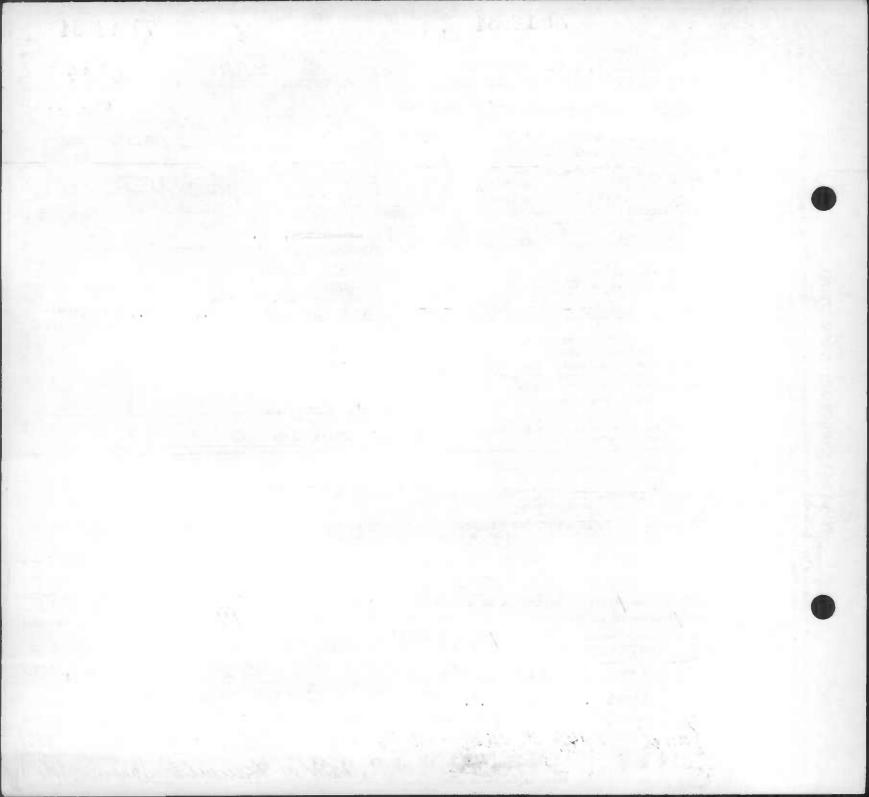


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68

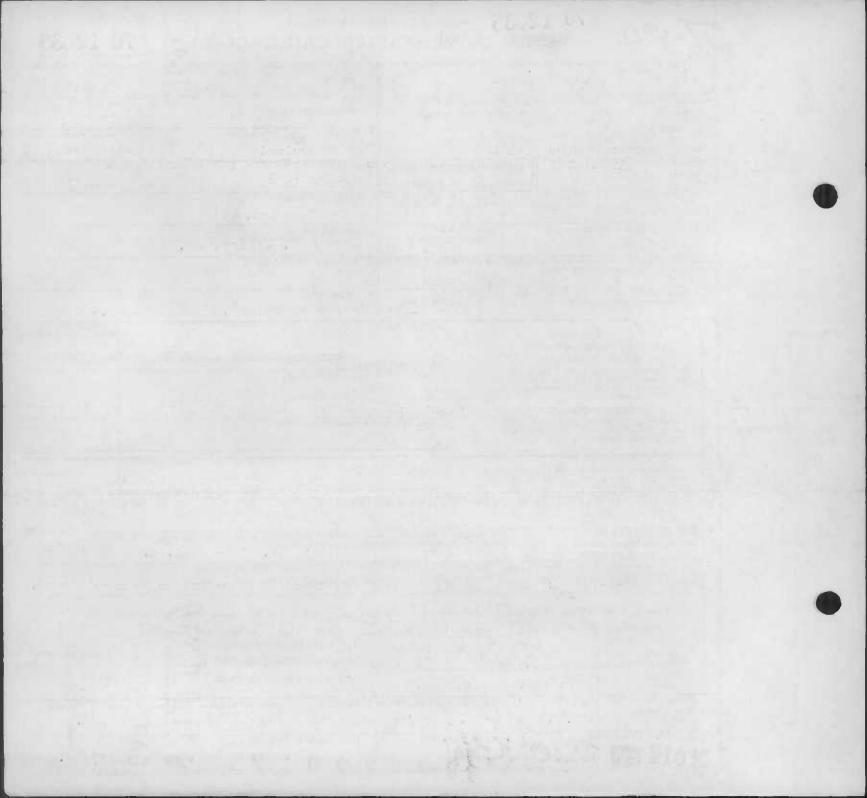
V-453 70 12		HEALTH DEPARTMENT	V PEG NO	70 12034			
BIRTH NO.	CERTIFICA	TE OF DEATH	KEG. 140	10 2000			
1. NAME OF DECEASED (Type or Print/ALENTINE, LLOYD WII	LARD		D HOUR OF DEATH	12:10 P			
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If in	stitution: residence before admission			
FULL NAME OF IF NOT IN HOSPITAL OR ADDRESS OR LOCATION	Maryland AA C. C. CITY OR TOWN D. INSIDE CITY LIMITS?						
Veterans Administ	Pasadena	J. 11431	YES NO X				
3900 Loch Raven I	E. STREET AND NUMBER		TES NO EL				
Baltimore, Maryla	712 Holly Avenue						
SEX 6. RACE 7. MAR	8. DATE OF BIRTH 9	. AGE (In years	If Under 1 Yr., If Under 24 Hrs				
	WED DIVORCED	12/8/18	ost birthdoyl 51	Months Days Hours Min.			
OA. USUAL OCCUPATION (Give kind of work 108, KIN	ID OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (Slote car foreign	DT.	12. CITIZEN OF WHAT COUNTRY			
Electrician	eal lecuit As	Coumbling, Md.		USA			
3. FATHER'S NAME	7.10	14. MOTHER'S MAIDEN NAM	E				
Luther Valentine		Belle Wilson					
5. Was Docased Ever in U. S. Armed Forces? 'es, no ar unknawn) (If yes, give war at dates of ser	16. SOCIAL	17. INFORMANT		ADDRESS			
100 100 -2 120		VA Hospital Re					
Yes 1/20/43 - 11/13,		3900 Loch Raven	Blvd., Ba				
10/1.0	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Hemorrhage f	rom				
IThis does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which caused death.) (A) IMMEDIATE CAUSE esophageal varices DUE TO, OR AS A CONSEQUENCE OF:							
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, il any, g	iving DUE TO, OR AS	ec's cirrhosis A CONSEQUENCE OF:		***************************************			
rise to the above cause (A) stating UNDERLYING CONDITION last.	the	ic alcoholism					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
19A. DATE OF OPERATION 19B. CONDITION	OR WHICH OPERATION	20A. AUTOPSY? IYes or No	208. IF YES, WERE F	INDINGS CONSIDERED			
WAS PERFORMED		NO	IN CERTIFYING CAL	ISES OF DEATH?			
OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	218. PLACE OF INJURY (e.g., in home, farm, factory, street, officer.)		(II In Ballimore	City, give exact lacation)			
21 D. TIME (Month) (Doyl (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	av Occium				
(APPROX.)	While At Not While		KI OCCOR!				
Work At Wark							
22. I certify that (1) (this hospital) attended the deceased from December 6th 19 70 to December 7th 19 70							
that (1) (we) last saw the deceased alive an December 7th 19 70 and that interpret (our) opinion death occurred on the date							
and haur and fram the couses stated above. (1) (We) (did) (4)4/nby) view the body after death.							
23A. SIGNATURE	1	body diter death.		23B, DATE SIGNED			
The Liter of	(Atlen	ding Med. T St		December 7, 1970			
DEGREE Phys. Director Phys. Decer							
Hubert T. Gurley	M.D.		Raven Bou	_			
AA. BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY OF CREA	AATORY 24D. LOS	Maryland Chy	totel			
Jun 2 17/19/72	They Haven	CONU S	Cen /Sa	rue my			
CALL TO THE PROPERTY OF 25 THE	AE OF BESTRAR	25C, EUNERAL DIRECTOR	//	ADDRESS			

Bluba.



70 12035 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE Known Month Day Year Hour (Type or Print) OF TERRANCE TALLEY Dec. 1970 1:10 Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE 3 Month Yeor Hour Day FULL NAME OF PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 12 5 1970 12:10 am HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, if Institution: residence belore admission) A. STATE B. COUNTY Baltimore University Hospital Maryland 6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS? white male WIDOWED Cumberland DIVORCED _ YES X NOL 10. AGE (in years If Under 1 Yr. II Under 24 Hrs. E. STREET AND NUMBER lost birthday) July 27, 1945 435 Penn Ave. 11. BIRTHPLACE(State or lareign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Jose h L. Lalley, or. Maryland 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) Viola Schaidt Lachinist Railroad 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or dotes of service) 17. SOCIAL 18. INFORMANT **ADDRESS** 213-44-1519 Mrs. Auth Talley, Cumber and, Ma. -wife 19. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A)IMMEDIATE CAUSE Cranio-cerebral injuries LEADING TO DEATH (This does not mean the mode of dying, e.g., heart lollure, osthenia, etc. it means the disease, DUE TO, OR AS A CONSEQUENCE OF: Injury or complication which coused deoth.) **ANTECEDENT CAUSES** DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c). 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CER 20A. DATE OF OPERATION | 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 228.PLACE OF INJURY(e.g., In or about 22C. WHERE DID (If in Baltimore City, give exact location)
home, farm, loctory, street, office bidg., etc.) INJURY OCCUR?
State Rt. 220 - 3 mi. n. of Cumberland 22A. EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME OF INJURY (Month) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Year) WHILE AT NOT WHILE (APPROX.) 125 12 - 3 - 70a Driver in auto-fixed object collision. WORK AT WORK I certify that I held an Inquiry Inspection Autopsy X and that on this basis, death in my opinion resulted from: Notural causes Accident Suicide Homicide ___ Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER & SIGNATURE.

EXAMINER'S ASSOCIATE MEDICAL EXAMINER Isidore Mihalakis, M.D. NAME (Type) 12 - 5 - 7024A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) ec. 9,1970 St. hary's 'emetery Cumber and, Aller ny, Md. 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Sear elli, Cumberland, Md. VS 151-REV. 7/1/68



CERTIFICATE OF DEATH Such and contributing cause of death etermined cause; (5) Deceased # NAME OF DECEASED 2. DATE AND HOUR OF DEATH Type or Print) December 7,1970 hospital 0 eath. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before udmission) ance A. STATE Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF Ö HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? attend 0 Baltimore prior E. STREET AND NUMBER 2203 East Pratt Street 2203 East Pratt Street occurred made regular B. DATE OF BIRTH 9. AGE (In years S. SEX 6. RACE 7. MARRIED NEVER MARRIED deceased Feb 27,1914 WIDOWED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) disposition done during most of working life, even if retired) Virginia Clothing Dud Seamstress Mas 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0 (4) Clarence Bohannon Grace Nunnally assistant death 00 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT final (Yes, no or unknown) III yes, give wor or dates of service) 1716 Devers Road SECURITY NO. attendance 227-01-7296 Arthur K. Saunders Richmond, VA 23226 No any CAUSE OF DEATH 0 med DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive Cardio-Vascular (A) IMMEDIATE CAUSE (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF pron bal heart failure, osthenia, etc. 11 means the disease, Ular aminer. injury or complication which caused deoth.) Disease em fra ANTECEDENT CAUSES (B)______DUE TO, OR AS A CONSEQUENCE OF re are DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the physician UNDERLYING CONDITION lost. remains burns; SDM 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). physician the the chief Body 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 0 WAS PERFORMED before by 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY le.g., in or about 21C, WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (2) (Il in Baltimare City, give exact location) where OR CONTRIBUTING CAUSE OF hospital o N MEDICAL DEATH (notify medical examiner) nature; by obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 Not While approved (except While At (APPROX.) and Work At Work any to Sept. 15 Nov. 22. I certify that (1) (this haspital) attended the deceased fram 19 70 Sept. that (1) (we) last sow the deceased alive on.... and that in (my) (aur) opinion death occurred on the date pe hospital eath) and hour and from the causes stated abave. (1) (We) (did) (did not) view the bady ofter death. must accident 23A. SIGNATURE D Attending X he body was rele 10 Director L approval 0 23C. PHYSICIAN'S prior 23D. ADDRESS 209 S. t D NAME (Type) Chester Str. An Joseph F. Drenga; A 24A. BURIAL OREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY deceased D.0. written 12/09 Park Anne Arundel Co., Maryland shows: Glen Haven Memorial M as 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR uneral Home Pratt&Stricker

BALTIMORE CITY HEALTH DEPARTMENT

70 12036

NO

Hours

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

ADDRESS

23B. DATE SIGNED

Dec. 8.1970

If Under 24 Hrs.

YESXX

If Under 1 Yr.

with any of the section of the secti the second of th The state of the s wield accompanied by the transferring agent I places through the first the fat the paragraph

LESTINGUEZ AND A ROLL THE THE LESSEN THE

70 12037 BALTIMORE CITY HE	ALTH DEPARTMENT
Y-4/2 MEDICAL EXAMINER'S C	CEPTIFICATE OF DEATH 70 12037
BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Known Month Doy Year Hour
(Type or Print) DELORES E. PHELPS	OF DEATH Estimoted A.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 12 7 1970 12:20 a.m. 5. USUAL RESIDENCE (Where decased lived, if Institution: residence before odmission)
St. Agnes Hospital	A STATE Maryland B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
female white widowed Divorced	Baltimore YES NO
Sept 29, 1926 10.AGE (in years If Under 1 Yr. If Under 24 Hrs. Months Days & Hours Min.	3050 Stayfford St.
Mary land 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Arthur Dailey
14A-USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
dane during most of working life, even if retired) General Helper Book Binding	Margaret Roberts
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war ar dates of service) 212-22-220	7 Jesse M. Phelps 3050 Stafford Street
19. CAUSE OF DEAT	
DISEASE OR CONDITION DIRECTLY Arterioscler	otic cardiovascular disease
LEADING TO DEATH	ALICE
(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. it means the disease,	S A CONSEQUENCE OF:
Injury or camplication which caused death.)	
ANTECEDENT CAUSES (6)	
(0)	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
ō	yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., 1	in or about 22C, WHERE DID (If in Baltimare City, give exact location)
UTING CAUSE OF DEATH.	bidg., etc.) INJURY OCCUR?
OF INJURY (Month) (Day) (Year) (Hour) 22E INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NOT WORK AT WO	WHILE T
23.	a
I certify that I held on Inquiry Inspection Aut	opsy and that on this basis, death in my opinion
resulted from: Notural Causes Accident Suicide	Homicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE ACTUAL SIGNATURE M.D.	CHIEF MEDICAL EXAMINER DATE SIGNED
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Isidore Minalakis, M.D.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 12-7-70
ACTUAL SIGNATURE EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER 12-7-70 OF CREMATORY 24D. LOCATION (City, town, or county) (State)
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Isidore Minalakis, M.D. 24A. BURIAL CREMATION, REMOVAL (Specify) 12/10/70 Meadowridge	CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER 12-7-70 OF CREMATORY 24D. LOCATION (City, town, or county) (Stole) Mem. Park Howard Co., Maryland
ACTUAL SIGNATURE EXAMINER'S NAME (Type) 1 SIGOTE Minalakis, M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 1 2 / 1 0 / 70	CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER DATE SIGNED ASSOCIATE MEDICAL EXAMINER 12-7-70 OF CREMATORY 24D. LOCATION (City, town, or county) (State)

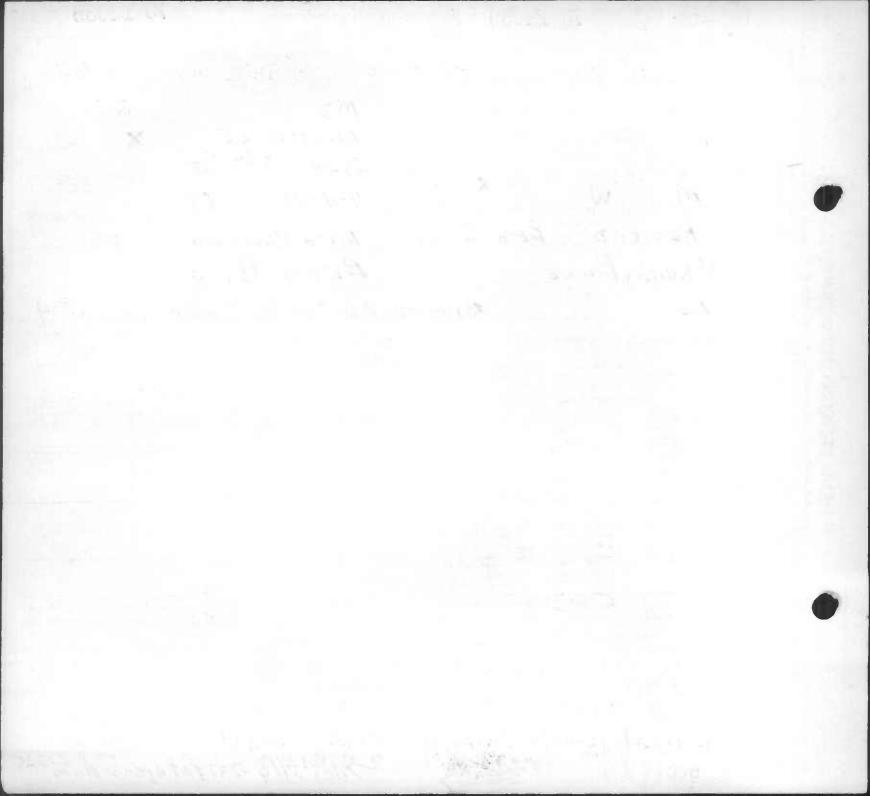
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-435 70 1200	717	TE OF DEATH REG. NO.	0 12038
BIRTH NO.	CERTIFICA		
Type of Print)	1	2. DATE AND HOUR OF DEATH	011
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROM	WALTIMYER	Jec 10, 1970 6:1	02 17.17, M
STEACE IN BACHMORE MARILAND, WHERE PROP	OUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If in	stitutions residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TTUTION, GIVE STREET	MARYLAND C. CITY OR TOWN D. INSI	DE CITY LIMITS?
SOUTH BALTIMORE GENE	RAL HOSPITAL	BALTIMORE	YES NO
JOUTH BACHFICKE GENE		E. STREET AND NUMBER	ENUE
5. SEX 6. RACE 7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH 9. AGE IIn years	If Under 1 Yr. If Under 24 Hrs.
MIDOWE	D DIVORCED	2/16/06 lost birthdoy) 64 years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
done during most of working life, even if setired)		11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY
MEAT SALEMAN ES	skay	ERRED ALIFORNIA	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
E- 1.1.		0	
15. Wos Doeeosed Ever in U. S. Armed Forces?	1 6. SOCIAL	GEORGIA MESPEY	5
(Yes, no or unknown) (If yes, give wor or dotes of service	SECURITY NO.	17. INFORMANT	ADDRESS
Yes UNKNOWN	216-09-9279	MARGARET WALTIMYER . 60	3 S.Lakewood Av
18.	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		0 0	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	se Severe Unaemia	
(This does not mean the mode of dying, e., heart failure, asthonia, etc. It means the diseas	DILE TO OR AC	A CONSEQUENCE OF:	
injury or complication which coused death.	e,	1= 0=100.	
ANTECEDENT CAUSES)	1 bleed	7
DISEASES OR CONDITIONS, if ony, givin	(8)	A CONSIQUENCE OF:	
rise to the obove couse (Al stoling th	9 DUE 10, OK AS	1 A CONSEQUENCE OF:	0 00
UNDERLYING CONDITION lost.	(C)	Liposarcoma abdonin	alwall.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
☐ TO THE DEATH BUT NOT RELATED TO THE TERMINAL ✓ IDISEASE OR CONDITION GIVEN IN PART 1 (AL)	***************		
19A. DATE OF OPERATION 19E. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? IVos or No. 20B. IF YES, WERE FI	NDINGS CONSIDERED
19. DATE OF OPERATION 198 CONDITION FOR WAS PERFORMED	Abdonial Wall	IN CEPTIEVING CALL	SES OF DEATH?
U 21AJACCIDENT WAS UNDERLYING 2	B. PLACE OF INJURY le.g., in	or obout 21 C. WHERE DID (If in Boltimore	City, give exoci locotion)
IDEATH (notify medical examined) let	omo, form, foetory, street, of	ico bidg., INJURY OCCUR?	
S .	E INJURY OCCURRED	215 110 215	
S OL HAJOKI	hile At Not While	21F. HOW DID INJURY OCCUR?	
I I A PPROY)	ork At Work		
22. 1 certify that (4) (this haspital) attended	the deceosed fram	11/2/70 19 10 12/	10/20 10
that (1) (we) last saw the deceased alive on	1 1 .	o 19 and that In (my) (aler) apin	
	7 7		du death accourse on the dote
and haur and fram the causes stated obave.	(1) (me) (ala) (ala (of) V)		
Auch	M.DIA		23B, DATE SIGNED
nge -	DEGREE Phys		
23C. PHYSICIANS NAME (Type) AYE NGWE .	M.D	3D. ADDRESS	
24A. BURIAL CREMATION, 24B. DATE 24C.	DEGREE OF CEMETERY OF CRE	MATORY 24D. LOCATION ICITY	town or county)
REMOVAL (Specify)		Baltimore	, town, or ecunty) (Stotel
	chwartz's		M.C.
25A. DATE REC'D BY HEALTH DEPT.	OF REGISTRAR	25C FUNERAL DIRECTOR 7/1	ADDRESS
OFC 14 14 11 (4.5% 40 40 40 40 40 40 40 40 40 40 40 40 40		- Otherwill Hoffman	3218 Hudson St.

A. J. Ch. J. Bushamara -- --Hespars

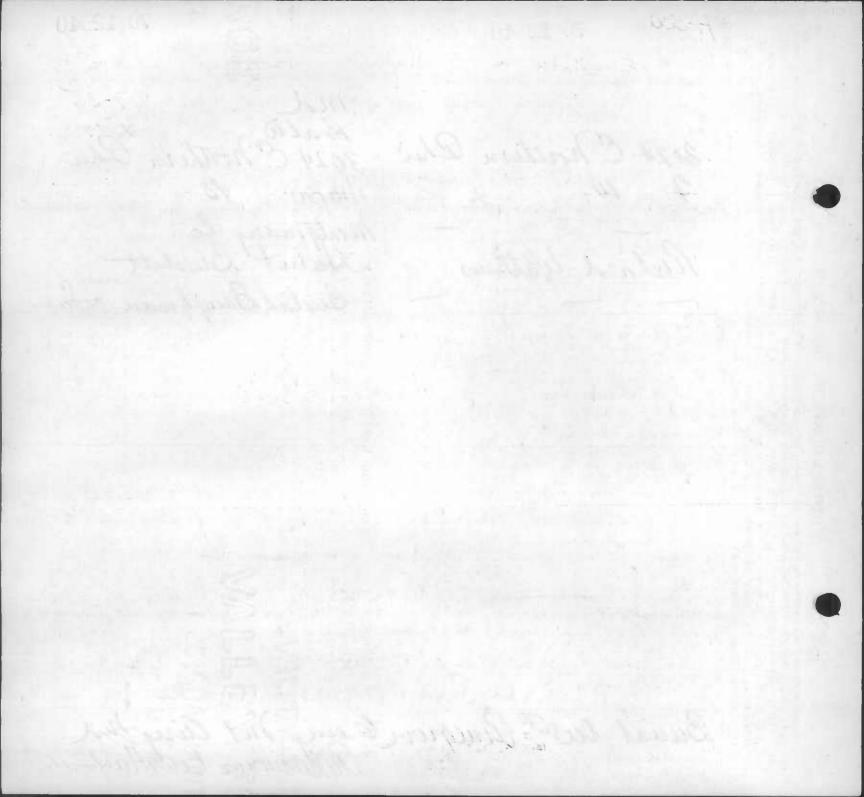
	1
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2 500 70 12039	BALTIMORE CITY	HEALTH DEPARTMENT		70 12039
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	
1. NAME OF DECEASED		DATE AN	D HOUR OF DEATH	
(Type or Print) HORACE FRA	ONKBOON	E 9 D	EC 1970	12:24Pm
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Who	e decaased livad, If ins TY	tilution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU ADDRESS OR LOCATION)	TION, GIVE STREET	C. CITY OR TOWN	D. INSIE	DE CITY LIMITS?
SOUTH BALTO. GEN. 1	40SP.	E. STREET AND NUMBER	RE	YES NO
43		3924 8	TH ST.	
5. SEX 6. RACE 7. MARRIED WIDOWED T	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done duipromost of working life, even if refired)		11. BIRTHPLA CE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
KETIRED. BETH.	STEEL	NORTH CAR	OLINA	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .	
CRUMBY BOONE		BETTY	COLE	
15. Was Deceased Ever in U. S. Armed Forces? (Tes,na or unknown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	0	ADDRESS
No	939-05-0280	MRS. CATherin	e Boone	pame as 4
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	UMONIA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU			3 DAYS
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		CONSEQUENCE OF:		
injury or camplication which caused deoth.) ANTECEDENT CAUSES	CHRON	IC OBSTRUCT	NVE AIRM	AY VEARS
DISEASES OR CONDITIONS, if any, giving	(8) DUE TO, OR AS	A CONSEQUENCE OF:	****************	
rise to the above cause (A) stoling the UNDERLYING CONDITION last.	(c)			
z II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 17B. CONDITION FOR WI WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1	************************			
19A. DATE OF OPERATION 19B. CONDITION FOR WI	HICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIL	NDINOS CONSIDERED SES OF DEATH?
U 21A, ACCIDENT WAS UNDERLYING 1	LACE OF INITIES (e.g., in	or obout 21C, WHERE DID		
OR CONTRIBUTING CAUSE OF home,	form, foctory, street, all	ice bidg. INJURY OCCUR?	(it in sollimore	City, give exact location)
S OF INJURY	NJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.) Work	At Work			
22. I certify that (IX this hospital) ottended the		and the second second	70 10 9	DEC 1970
that (I) (we) lost saw the deceased alive an	A		t in (my) (our) opini	on death occurred on the date
and haur and fram the causes stated above. (1)	(We) (did) (dld not) vl	ew the body ofter deoth.	ļ.	DATE SIGNED
Jan a - Bolina &	M.D. DEGREE Phys.	ding Med. S	hoff D	S' DEC 1070
23C. THISICIAN'S	DEGREE	3D. ADDRESS		2 - 5
IG. A. BELAGA, M	, D DEGREE		HANOUE	R 3/
24A. BURIAL CREMATION, 24B. DATE 24C. NAN	ME OF CEMETERY OF CREA	(0)	CATION (City,	town, or county) (Stole)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRANCE	25CF FUNERAL DIRECTOR	A170.	ADDRESS 7/2
DEDIG 1970 Post & Jase	RD.	Mc Collo	-237 PAT	Arsco Aver
VS 150-REV. 1/1/68				



FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 70 12040 CERTIFICATE OF DEATH Such h occurred in a hospital and contributing cause of death etermined cause; (5) Deceased I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH Type or Print) 12-9-170 00 12abeth eath. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance B. COUNTY A. STATE FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Ö HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS attend 0 YES X NO prior E. STREET AND NUMBER regular mad AGE (In years If Under 24 Hrs. B. DATE OF If Under 1 Yr. Months: Doys 5. SEX 6. RACE 7. MARRIED NEVER MARRIED deceased Hours lost birthy WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (State or foreign country) eath done during most of working life, even if retired) = ispositio 0 (4) Und SID O the 13. FATHER'S NAME 4. MOTHER direct ₹ assistant eath T kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS 0 final SECURITY NO. endance O any CAUSE OF DEATH APPROXIMATE INTERVAL onounced 0 BETWEEN ONSET AND DEATH Also, DISEASE OR CONDITION DIRECTLY Gronary of med ylan LEADING TO DEATH att (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF embal hearl foilure, osthenio, etc. It means the diseose, the chief medical examiner fractu examiner. regular Pr injury or complication which coused death.) ANTECEDENT CAUSES 0 who are DUE TO, OR AS A CONSEQUENCE 4 DISEASES OR CONDITIONS, if any, giving 3 rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. remains physicia medical burns; Was П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART I (A) Body the 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED 198. CONDITION FOR WHICH OPERATION 19 A. DATE OF OPERATION the O IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED tore by OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) 3 where to the hospital °Z bei MEDICAL DEATH (notify medical examined) nature; by obtained 21D. TIME 21 F. HOW DID INJURY OCCUR? (Month) (Doyl (Year) (Hourl 21 E. INJURY OCCURRED 9 OF INJURY approved (except While At Not While (APPROX.I and Work At Work any 22. I certify that (1) (this hospital) attended the deceased from 19 70 19 and that in (my) (our) apinian death occurred on the date that (1) (we) last saw the deceased alive an pe eath) 30 hospital 0 and haur and fram the causes stoted obove. (1) (We) (did) (did not) view the body ofter deoth. he body was released must accident 238. DATE SIGNED 23A. SIGNATURE certificate must ਰ Attending Med. prior to Phys. Director approval 0 23D. ADDRESS 23 C. PHYSICIAN'S at NAME (Type) ay don An A. 24A BURIAL CREMATION, 24B. CEMETERY OF CREMATORY 24D LOCATION eceased 0.0 MOVAL (Speci shows: SID 25A. DATE REC'D BY HEALTH DEPT. ADDRESS 258, NAME OF REGISTRAR DIRECTO 3 0 VS 150-REV. 1/1/68



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hos	d (6)
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rele	100
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a nospital (except where the physician who pronounced again was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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s ce boo	s D.
The	K de

20	70 12	1141	BALTIMORE CITY	HEALTH DEPARTMENT		70 12041
BIRTH NO. 250	5		CERTIFICA	TE OF DEATH	REG. NO	
Type or Print)	MOSNER,	Elea	anor	2. DATE A	L1/70	10:30 a.
3. PLACE IN BAL	TIMORE, MARYLAND, WHERE	PRONOUN	NCED DEAD	4. USUAL RESIDENCE (WH	nere deceased lived. If	institution: residence before admissian
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL C	R INSTITUT	TON, GIVE STREET	Maryland c. City or town		SIDE CITY LIMITS?
23				Baltimore E. STREET AND NUMBER		YESXX NO
The	Johns Hopkins	Hos]	pital		ntre St. A	pt. 306
SEX	6- RACE 7- A	ARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
Female	White	DOWED	DIVORCED [X	11/09/19	51	
	UPATION (Give kind of work 108, working life, even if retired) ry for State 01			Balto. (0.	1. 1	12. CITIZEN OF WHAT COUNTR
3. FATHER'S NA	. ()	- racy		14. MOTHER'S MAIDEN N.	AME	
	Triplett			Myrtha D:		
S. Was Deceased	Ever in U. S. Armed Forces?	1	6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown	(If yes, give wor or dates of		220-05-2608	Mr. E. Grafton	Mosner (a	tonsville, Md.
18.	01		CAUSE OF DEAT	-1		BETWEEN ONSET AND DEAT
DISEA	SE OR CONDITION DIRECT	LY		PHEUMIN	A	
(This daes	LEADING TO DEATH not meen the mode of dyin	1g. e.g.,	(A) IMMEDIATE CAL			
heart foilure,	asthenia, etc. It meons the	disease,	DUE 10, OK AS	A CONSEQUENCE OF:		
	nplication which coused deo ANTECEDENT CAUSES	111.7	(A)	TERNAL CAR	MATTER GITE	OCCLUSION
		*. *	[D]	A CONSEQUENCE OF:	The Interest	
	OR CONDITIONS, if ony, to obave cause (A) stot			JOID RIDGE M	FN N/ OM A	
UNDERLYIN	G CONDITION lost.		(c) 314C	and winds I	Chiholotti	
~	11					
	FICANT CONDITIONS CONTRI TH BUT NOT RELATED TO THE TE					
	CONDITION GIVEN IN PART 1	A).	HICH OPERATION	20 A ALTOPEY2 (Ver or I	No.) 208 IE VES WERE	FINDINGS CONSIDERED
11-10-	A . WALAS DEDECIDA			YES		AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	218, P home, etc.)	LACE OF INJURY (e.g., i torm, foctory, street, a	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltim	ore City, give exact location)
21D. TIME	(Month) (Doy) (Year) (H	our) 21 E. I	NJURY OCCURRED	21 F. HOW DID IN	NJURY OCCUR?	
OF INJURY	40	While	Not While	e No		
22 Lamesify	that (1) (this hospital) at			10-31-70	19 10 ta	12-11 19 70
) last saw the deceased al		12-11	and a		plnian death accurred on the do
					N.	orman deam decorred on the do
	d from the causes stated	abave. (I)	(Me) (did) (ard-not)	iew the bady after death	1.	238, DATE SIGNED
23A. SIGNAT	as Stecher	1.	A.A. Am	nding Med.	Staff 🔽	12-11-70
1	000	1 //.	DEGREE Phy	s. Director	Phys.	15-11-10
NAME (. SR	. M.D.	The Johns	Hopkins Ho	ospital
24A. BURIAL CRE		24C. NA	ME of CEMETERY or CR	MATORY 24D.		City, town, or county) (State)
Birrial	(Specify) 12/14/70	Rei	sterstown Me	thodist	Reisterstou	n, Md.
2SA. DATE REC'E	BY HEALTH DEPT. 258	NAME OF	REGISTRAR	25C FUNERAL DIRECTO	OR?	ADDRESS
0501	A 1070 Q.C. 6 9	S. R.	R.A.	9. F. Fline	K Sona Rai	sterstown, Md.
VS 150-REV. 1/1/	6B	4-10-03			a Joins nec	and on the

11-010-23-69

THE PERSON NAMED AND POST OF

Acremental part to the entry?

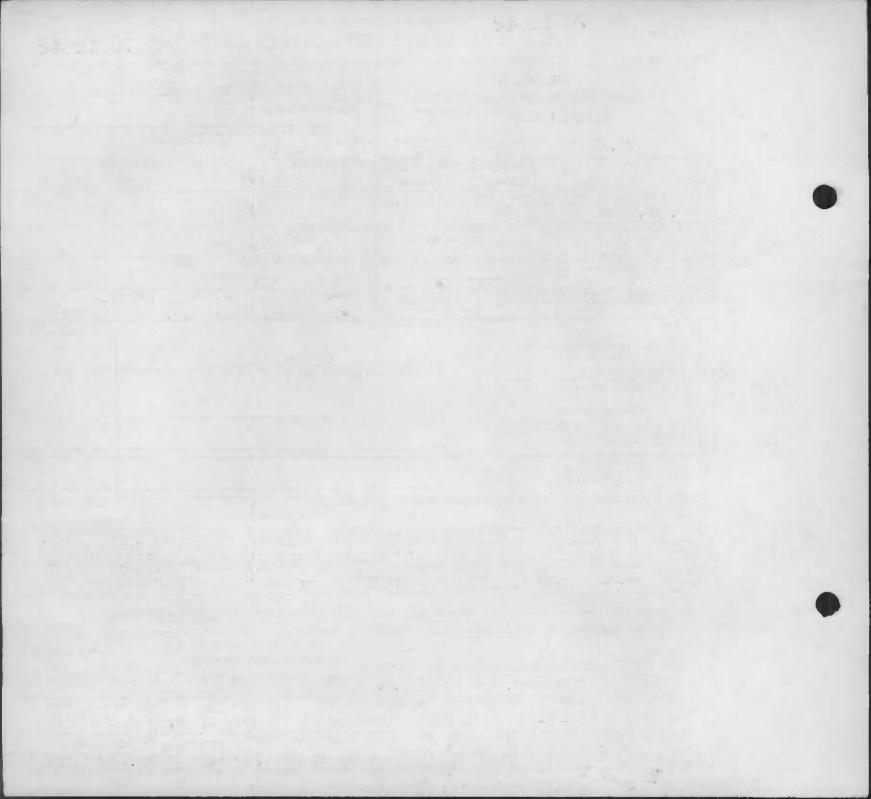
25C. FUNERAL DIRECTOR

8521 Loch Raven Bl

William E. Johnson Balto., Md 21204

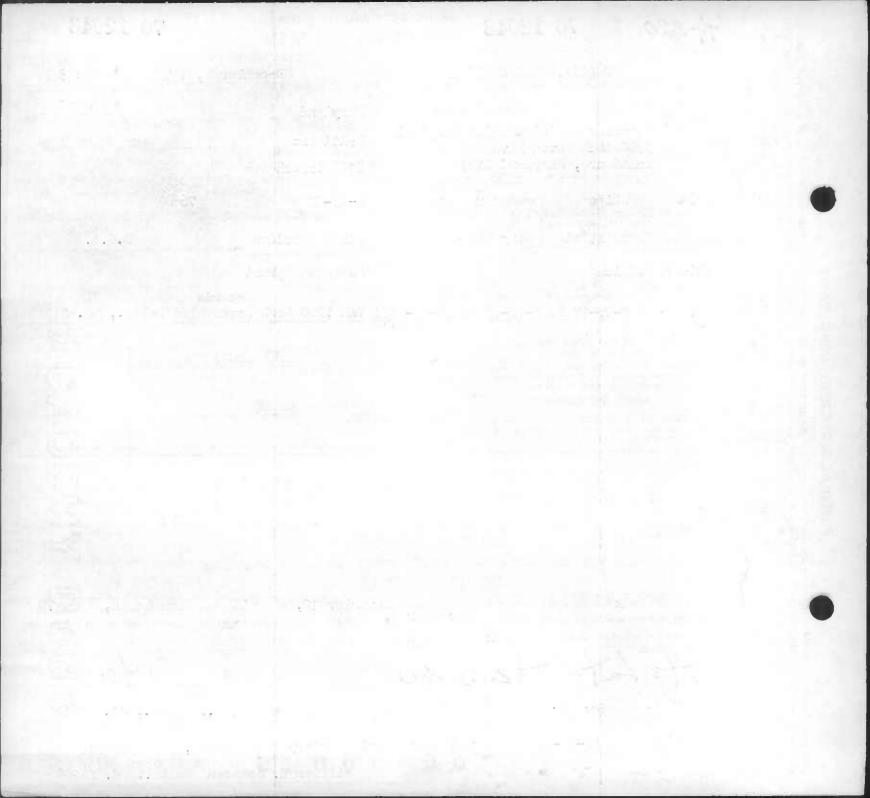
258, NAME OF REGISTRAR

VS 151-REV. 1/1/68



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BIRTH NO.	CERTIFICA	TE OF DEATH	AND HOUR OF DEATH	70 12043
Type or Pfintl RODDICK, V	VILKEN MITCHERSON		ecember 6, 19	
3. PLACE IN BALTIMORE, MARYLAND, W	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE	Where deceased lived, If i	institution; residence before admission
FULL NAME OF (IF NOT IN HOSPIT	TAL OR INSTITUTION, GIVE STREET	Maryland	00.111	9-05
	nistration Hospital	C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
3900 Loch Rave		Baltimore E. STREET AND NUMBE		YES 😾 NO 🗌
Baltimore, Mar		816 Gorsuch		
. SEX 6. RACE	7- MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hr
Male White	WIDOWED DIVORCED	9-23-94	lost birthdoy) 76	Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of working during most of working life, even if retired)	10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign countryl	12. CITIZEN OF WHAT COUNTR
etired Pharmistist	Drug Store	North Caroli	ina	U.S.A.
FATHER'S NAME	1	14. MOTHER'S MAIDEN		0.00.1.
John M Roddick		Margaret Spr		
Was Deceased Ever in U. S. Armed For es, no or unknown) (If yes, give wor or dole	ces? 16. SOCIAL	17. INFORMANT	Records	ADDRES\$
Yes 5-27-17 to		VAH 3000 To		Balto., Md. 21218
18. /6 7	CAUSE OF DEATI		or reven prvd	APPROXIMATE INTERVAL
heart failure, asthenia, etc. It means injury ar complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, it is to the above cause (Al	deoth.) (B) DUE TO, OR AS	A CONSEQUENCE OF:	C CARCINOMA	
heart lailure, asthenia, etc. It means injury ar complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, it rise to the abave cause (Al UNDERLYTHING CONDITION last.	dying, e.g., the disease, death.) (8) DUE TO, OR AS DUE TO, OR AS OUT TO, OR AS OUT TO, OR AS OUT TO, OR AS	A CONSEQUENCE OF:		
heart lailure, asthenia, etc. It means injury ar complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, it rise to the abave cause (Al UNDERLYTHING CONDITION last.	dying, e.g., the disease, death.) any, giving staling the (C)	A CONSEQUENCE OF: A CONSEQUENCE OF: EBAL VASCULAR	DISEASE	
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heart failure, asthenia, etc. It means injury ar complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, it is to the above cause (AI UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITION S COINTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1994. DATE OF OPERATION 1998. CONWAS PERF 21A. ACCIDENT WAS UNDERLYIND OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Yeard OF INJURY (APPROX.)	dying, e.g., the disease, deoth.) any, giving staling the (C)	CONSEQUENCE OF: A CONSEQUENCE OF: ESAL VASCULAR 20A. AUTOPSY? (Yes or Yes or obout 21C. WHERE DID ice bidg., INJURY OCCUR.	DISEASE INO 208. IF YES, WERE IN CERTIFYING CA YES (It in Bultimor	cember 6, 19 70
heaf lailure, asthenia, etc. It means injury ar complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, it is to the abave cause (AI UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS COI TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR. 19A. DATE OF OPERATION 19B. CON WAS PERF 21A. ACCIDENT WAS UNDERLYINO OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Monihi (Day) (Year OF INJURY (APPROX.))	dying, e.g., the disease, deoth.) any, giving staling the (C)	CONSEQUENCE OF: A CONSEQUENCE OF: ESAL VASCULAR 20A. AUTOPSY? (Yes or Yes or obout 21C. WHERE DID ice bidg., INJURY OCCUR. 21F. HOW DID DVember 12, 19 70 ond	DISEASE No. 208. IF YES, WERE IN CERTIFYING CA YE (It in Baltimor INJURY OCCUR? 19 70 to Dec that In may) (our) opt	cember 6, 19 70
heart lailure, asthenia, etc. It means injury ar complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, it is to the abave cause (AI UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS COITO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR. 19A. DATE OF OPERATION 19B. CON WAS PERF 21A. ACCIDENT WAS UNDERLYINO OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Month) (Day) (Year OF INJURY (APPROX.) 22. I certify that (1) (this hospital) that (1) (we) lost sow the decease	dying, e.g., the disease, deoth.) any, giving staling the (C) NTRIBUTING HE TERMINAL 1 1 (A). DITON FOR WHICH OPERATION ORMED 21 B. PLACE OF INJURY (e.g., Inhame, form, foctory, street, olfetc.) (Hour) 21E. INJURY OCCURRED While At Not While At Work ottended the deceased from Not while dolive on December 6, ed aboye. (X) (We) (did) (ATTENT)	A CONSEQUENCE OF: A CONSEQUENCE OF: ESAL VASCULAR 20A. AUTOPSY? (Yes or Yes or Obout 21C. WHERE DID its bidg., INJURY OCCUR.) 21F. HOW DID	DISEASE No. 208. IF YES, WERE IN CERTIFYING CA YE OF OUT OF THE STREET	cember 6, 19 70 nion death occurred on the dot
heaf failure, asthenia, etc. It means injury ar complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, it is to the abave cause (AI UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS COITO THE DEATH BUT NOT RELATED TO 15 DISEASE OR CONDITION GIVEN IN PAR. 19A. DATE OF OPERATION 19B. CON WAS PERF 19A. ACCIDENT WAS UNDERLYINO OR CONTRIBUTING CAUSE OF DEATH (notify medicol exomines) 21A. ACCIDENT WAS UNDERLYINO OR CONTRIBUTING CAUSE OF DEATH (notify medicol exomines) 21D. TIME (Month) (Day) (Year OF INJURY (APPROX.) 22. I certify that (1) (this hospital) that (1) (we) lost sow the decease and hour and from the causes state 23A. SIGNATURE	dying, e.g., he disease, deoth.) any, giving staling the (C). NTRIBUTING PARIPH TI (A). (Hour) 21E INJURY OCCURRED While At Work (Hour) 21E INJURY OCCURRED While At Work (Hour) 21E INJURY OCCURRED At Work (Hour) 21E OCCURRED AT WORK (HOUR) 2	CONSEQUENCE OF: A CONSEQUENCE OF: ESAL VASCULAR 20A. AUTOPSY? (Yes or Yes or obout 21 C. WHERE DID to bidg., NJURY OCCUR.) 21F. HOW DID 21F. HOW DID 21F. How did on one of the body after death	DISEASE No. 208. IF YES, WERE IN CERTIFYING CA YE (It in Baltimor INJURY OCCUR? 19 70 to Dec that In may) (our) opt	center 6, 19 70 nion death occurred on the dot
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heart laiture, asthenia, etc. It means injury ar complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, it rise to the abave cause (AI UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS COLD TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR. 19A. DATE OF OPERATION 19B. CONWAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21D. TIME (Month) (Doy) (Yeard OF INJURY (APPROX.) 22. I certify that (1) (this hospital) that (1) (we) lost sow the decease and hour and from the causes stated 23A. SIGNITURE 23C. PHYSICIAN'S NAME (Type) HUBBERT GURLEY, MD.	dying, e.g., the disease, deoth.) any, giving staling the (C) NTRIBUTING HE TERMINAL To I (A). DITION FOR WHICH OPERATION ORMED 21 B. PLACE OF INJURY (e.g., Inhame, form, foctory, street, olfete.) (Hour) 21 E. INJURY OCCURRED While At Not While Work At Work ottended the deceased from December 6, ed aboye. (X) (We) (dld) (displace) Ather. DEGREE DEGREE	CONSEQUENCE OF: A CONSEQUENCE OF: ESAL VASCULAR 20A. AUTOPSY? (Yes or Yes or obout 21C. WHERE DID ice bidg., INJURY OCCUR 21F. HOW DID 21F. HOW DID 21F. HOW DID 21F. HOW DID ADDRESS 3900 Loch Ray	DISEASE No. 208. IF YES, WERE IN CERTIFYING CA YE OF OUT OF THE PROPERTY OF	cember 6, 19 70 nion death occurred on the dot
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heart failure, asthenia, etc. It means injury ar complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, it rise to the abave cause (AI UNDERLYING CONDITION fast. OTHER SIGNIFICANT CONDITIONS COITO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19A-DATE OF OPERATION 19B. CONWAS PERFORM (Notify medical examines) 21A. ACCIDENT WAS UNDERLYING OF INJURY (APPROX.) 22. I certify that (Month) (Day) (Yeard OF INJURY (APPROX.) 22. I certify that (Month) (Day) (Yeard OF INJURY (APPROX.) A. SURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL CREMATION, 24B. DATE	dying, e.g., he disease, deoth.) any, giving staling the (C). NTRIBUTING PARIPH. IT (A). (Hour) 21E INJURY OCCURRED While At Work Work Not While At Work Other December 6, ed above. (2) (We) (dld) (display) Ather Phys. 24C. NAME of CEMETERY of CREE	CONSEQUENCE OF: A CONSEQUENCE OF: ESAL VASCULAR 20A. AUTOPSY? (Yes or Yes or obout 21C, WHERE DID NJURY OCCURE) 21F. HOW DID 1 21F. How DID 1	DISEASE No. 208. If Yes, Were IN CERTIFYING CA YE (It in Boltimor INJURY OCCUR? 19 70 to Dec that In(my) (our) oplith. Shoff Phys. 2 Yen Blvd., Ballocation (City Sturg.)	Description of Death (28) Comber 6, 19 70 Inlon death occurred on the dol 238. DATE SIGNED 1 2 8 10 Lto., Md. 21218 Ity, town, or county) (Stoiel

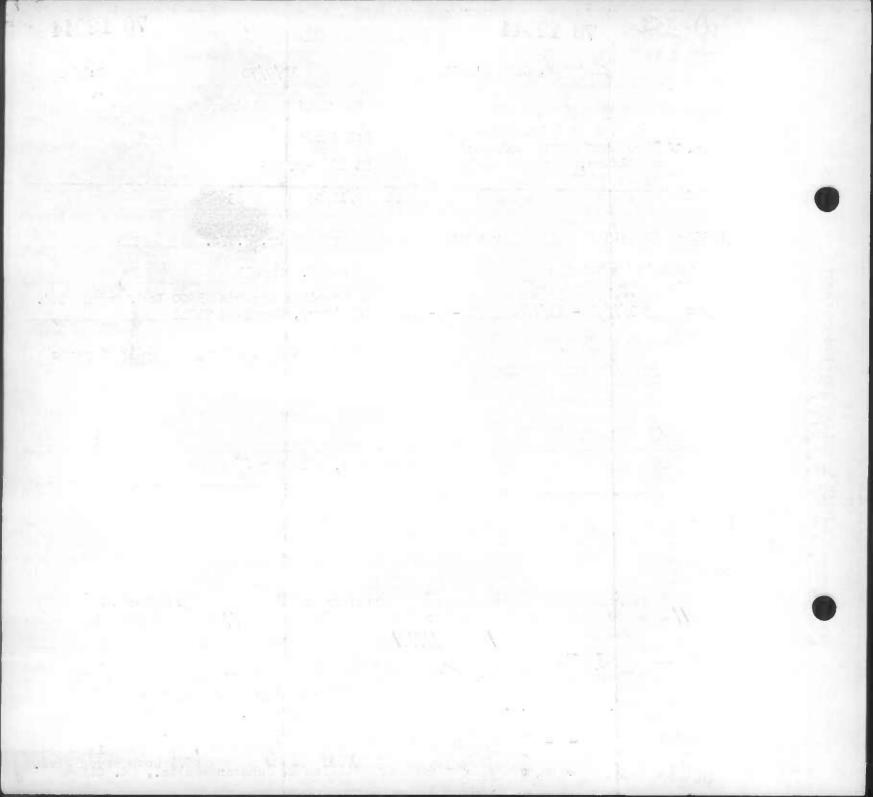


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) Na physician was in regular attendance on the deceased prior to death. Such written approval must be abtained before the remains are embalmed ar final disposition is made. IMPORTANT FUNERAL DIRECTOR:

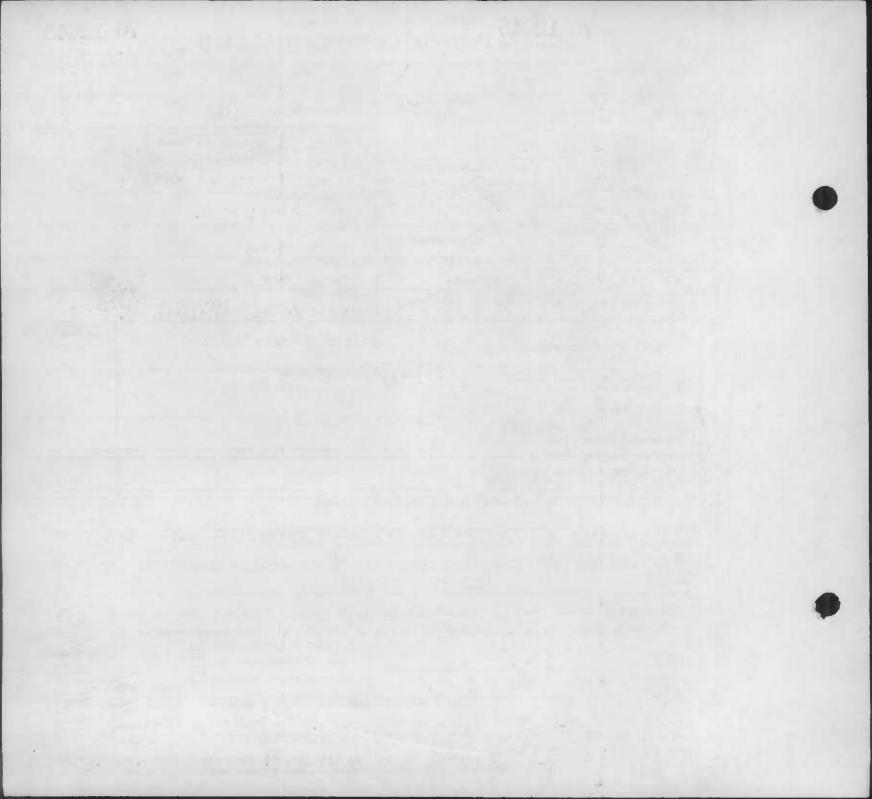
DEC 14 1 VS 150-REV. 1/1/68

	11) 250		,	BALTIMORE CITY	HEALTH DEPAR	TMENT	. /		PÃO.	1000
В	RTH NO.	70 1204	.4	CERTIFICA	TE OF DE	ATH	REC	G. NO	10	12044
1.	NAME OF DECEASED					2. DATE AN	D HOUR C	F DEATH		
	WHITT	INGTON, Jo	hn O	Neil		12/9/	70		1	3:15 A M
3,	PLACE IN BALTIMORE, MA	RYLAND, WHERE P	RONOUN	CED DEAD	4. USUAL RESID	R COUN	re deceased	lived. Il inst	lilution; resi	idence before admission)
H	OSPITAL OR ADDRE	IN HOSPITAL OR I	NSTITUTIO	ON, GIVE STREET	Marylan		ltimor	e G	0	53-00
	Veterans	Administr	ation	Hospital	C. CITY OR TOWN				E CITY LIM	
	3900 Loc	h Raven Bo	uleva	rd	Baltimor				YES	ио 📗
		e, Marylan	d 212	18	Rt 16 B	ox 512				
5.	Male White			NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In lost birthdoy	years	Il Under I Monthsi D	Yr. Il Under 24 His.
10.	A. USUAL OCCUPATION (Give	MIDC	WED	DIVORCED A	9/11/07		63			
1	The during most of working me, ev	en if relired)	10 01 80	SINESS OF INDUSTRE	II. BIKIMPLACE (S	itote or forei	gn country)		12. CITIZEI	N OF WHAT COUNTRY
	olice (special)	ret	ired	Martins	sburg.	W. Va		USA	
		42.4			14. MOTHER'S M.					
15.	Franklin Whit		11.6	SOCIAL	Mary E.	. Carro	011			
(Ye	Was Deceased Ever in U. S. s., no or unknown) (If yes, give			SECURITY NO.	VA Hospit	tal Re	cords	3900	Loch R	Raven Blvd.
	yes 3/5/4	2 - 11/7/40	5 7	05-12-21416	Baltimore	e. Mary	vland	21218		Divas
11	DISEASE OR CONT	OLITION DIRECTLY		CAUSE OF DEATH					BET	APPROXIMATE INTERVAL
	LEADING TO	O DEATH		(A) IMMEDIATE CAU	Carcinon	na of	the lu	ng		2 years
	(This does not meon the heart failure, asthenia, etc.	. Il means the die	e.g.,	DUE TO, OR AS	CONSEQUENCE O			ь.		r year o
	injury or complication whi	ich caused deoth.)	,							
	ANTECEDEN			(B)						
	DISEASES OR CONDITI	ONS, if ony, gi	iving the	DUE TO, OR AS	A CONSEQUENCE	OF:				**************************************
	UNDERLYING CONDITIO	N lost.		(c)	****************					
z	OTHER SIGNIFICANT CONTR			Tubercu	losis, pul	monani	IN	720		
ATIO	OTHER SIGNIFICANT CONDITION THE DEATH BUT NOT REDISEASE OR CONDITION GIVEN	TATED TO THE TERM	NG NAL	I WOOL CO	TOSTS, Day	uilottat.)	, ac.	Lve		
CERTIFICATION	19A. DATE OF OPERATION	198 CONDITION	OR WHIC	CH OPERATION	YES	(Yes or No)	20B, IF YE	S. WERE FIN	IDINGS CO	ONSIDERED ATH?
AL CE	21A. ACCIDENT WAS UND OR CONTRIBUTING CAU DEATH (notify medical exam	SE OF	Inome, 10	CE OF INJURY (e.g., in orm, foctory, street, offi	or about 21C WHE	RE DID	(18 1)	n Boltimore (City, give e:	xocl locotion)
EDIC/			etc.)							
MEI	OF INJURY	oy) (Yeor) (Hour)	While A	URY OCCURRED Not While		DID INJU	RY OCCUR	?		
	(APPROXI		Work	☐ At Work						
	22. I certify that ()) (this	hospital) attend	ed the d	eceased fram De			70_ta	Dece	mber	9th 19 70
	that (V) (we) last saw the				19	and that	t in (my) (aur) apinla	in death o	accurred on the date
	and haur and from the ca	iuses stated abay	e. (V) (W	e) (dld) (did hot) vi	ew the bady afte	r death.				
	X	J. 4.	//	MI) Atten	ding Med.	s	half dest	23	B. DATE S	
	23C. PHYSICIAN'S	1	ree	OEGREE Phys.	D. ADDRESS	tor L P	hys. IX		12/1	0/70
	HUBERT T. C	HRIEV M				00 Loc	h Rave	n Boul	evard	
24A	BURIAL CREMATION, 24B, REMOVAL (Specily)			of CEMETERY OF CREA	MATORY Ba	1 t.i mor	e Mar	yland	21 218 fown, or co	ounty) (State)
	D								wild of Co	vomy/ (sigle)
25 A	DATE KECD BY HEALTH	PEPT. 258 NA	WE THE	burg Wations	250 FUNERAL	V Get	tysbur	g. Pen	nsylvs	WDDIE22
	DEC 14 1970 0	bus E. Jak	Seas of	5	William		hnson	Balto	Loch F	Rayen Blvd.

8521 Loch R Balto., Md.



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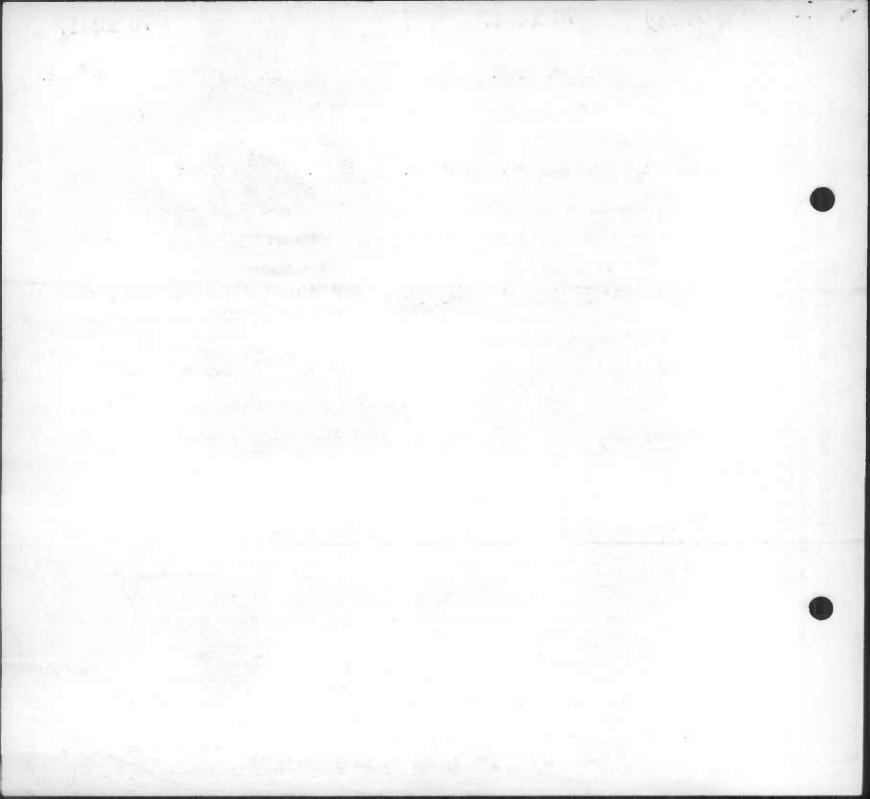


_ [11/1-5-70 70 10050	HEALTH DEPARTMENT TE OF DEATH REG. NO. 70 12046
deat ease n th Suc	1. NAME OF DECEASED (Type or Print) ENNIS . THOMAS W.	2. DATE AND HOUR OF DEATH 150 P. M.
(5) Dec ance o death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission) A. STATE B. COUNTY A. A. Co.
use; tend tend	INSTITUTION ADDRESS OR LOCATIONI	C. CITY OR TOWN HEights D. INSIDE CITY LIMITS? YES NO DE NO
de radi	LUTHERAN HOSPITAL OF MARYLAND	E. STREET AND NUMBER 117 Hammonds Ferry Road
ermin regulessed is ma	M WIDOWED DIVORCED	3. DATE OF BIRTH 9. AGE (in yoors If Under 1 Yr., If Under 24 Hrs. Months Doys Hours Min.
Undete	Heating and Air Cond. Self Emp	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA
5 € ¥ ± 8	Asa V. Dennis	Eliza J. Ellis
the di kind; death ince on final di	15. Wos Deceosed Ever in U. S. Armed Forces? ((res, no or unknown) Uf yes, give wor or dotes of service) No No 16. SOCIAL SECURITY NO. 212.09.1384	Gladys R. Dennis same as # 4
fany nced ende	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	2 Shack BETWEEN ONSET AND DEATH
cture prono ar at balm	(This does not mean the mode of dying, e.g., heart toilure, asthenia, etc. it means the disease, injury or complication which caused death.)	CONSEQUENCE OF:
(3) A fraction who gan who gin regul	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last. (B) DUE TO, OR AS A (B) (C)	CONSEQUENCE OF:
hedical burns; physicia an was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
3ody sody she steici	19A-DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ital by e; (2) I where No ph) before	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21 B. PLACE OF INJURY (e.g., in home, factory, street, officed)	or obout 21 C. WHERE DID (If in Boltimore City, give exact location) ce bidg., INJURY OCCUR?
hospital nature; (sept wheed (6) No ained be	21D. TIME (Month) (Doyl (Yeorl (Hour)) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work	21F. HOW DID INJURY OCCUR?
any (ex (ex ; an	22. I certify that (I) (this haspital) attended the deceased from 12 that (I) (we) last sow the deceased alive on 12 - 11 - 2	2 - 70 19 to 12 - 11 - 70 19 70 19 and that in (my) (our) apinion death accurred an the date
dent deat deat must	and hour and from the causes stated above. (I) (We) (did) (did not) view 23A. SIGNATURE	ew the body after death. (23B, DATE SIGNED
y was released. A. at a had a prior to approval	Nuctir SACKAEL Mell	D. ADDRESS Litheran Hagy. A Md.
≥600 B		metery Woodlawn Balto. Co. Md.
the boc shows: was D. deceas	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR VS DERV. 17768	Stansbury Fineral Home 6411 Windson Mill

FUNERAL DIRECTOR: IMPORTANT

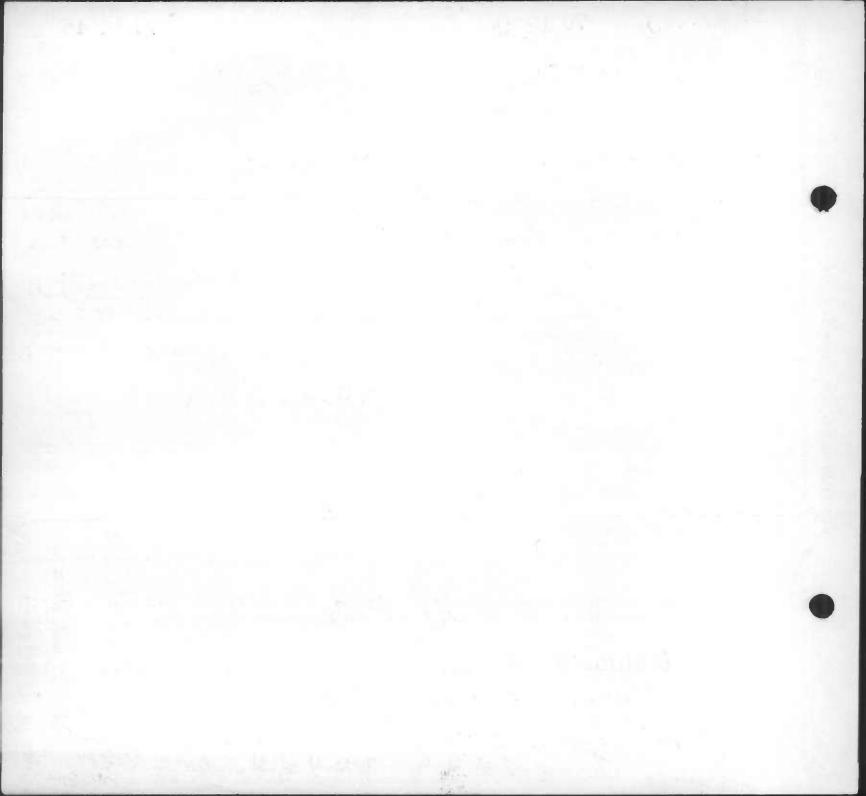
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	3-400	70	120		HEALTH DEPARTMENT		70 12047
	RTH NO.			CERTIFICA	TE OF DEATH	1	
(1)	NAME OF DECEASE ype or Print)	ED				AND HOUR OF DEATH	
1	DI ACC IN DALTHAC	BELLEAU,	Virg	il	Dec	c. 8, 1970	nstitution: residence before admission)
3.	PLACE IN BALTIMO	DEL MARILAND, W	HERE PRO	DNOUNCED DEAD	A. STATE B. CO	Where deceased lived, II i	nstitution: residence before admission)
II H	ULL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR IN	ISTITUTION, GIVE STREET	Maryland C. CITY OR TOWN	ID IN	I 7-0 /
	0-				Baltimore	0. 1143	YES Y NO
	90				E. STREET AND NUMBER	R	123 E 140 E
LE	Rolton Hill	Tursing &	Conv	alescent Ctr.	118 W From	nklin Street	
5.		ACE	7. MARR		8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. II Under 24 Hrs.
	M	TaT	WIDOV		1-9-05	last birthday)	Il Under 1 Yr. Il Under 24 Hrs. Manths Days Haurs Min.
10/	A. USUAL OCCUPAT	ION (Give kind of work		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or 1	foreign country)	12. CITIZEN OF WHAT COUNTRY
da	ne during most al workin	ng life, even il refired]					
12	FATHER'S NAME	Clerk	Wes	tminster Hotel	Deamar, Ka		U.SA.
13.	LAIHER 2 NAME				14. MOTHER'S MAIDEN	NAME	
		Melson Vel	lleau		Ida Bur	ton	
15. (Ye	Was Decased Ever es, no or unknown) (II y Yes	in U. S. Armed Feres, give war or data COAST GUA		16. SOCIAL 474-03-8234	17. INFORMANT Nels Belleau Admission		Kansas, 67642
	18. / 5 / ~	1		CAUSE OF DEATH		RECOLD	APPROXIMATE INTERVAL
САПОИ	(This does not me heart failure, asthe injury or complica ANTE DISEASES OR Crise to the absunder of the complete of the complete of the complete of the complete or complete o	II T CONDITIONS CONTINUES T NOT RELATED TO THE	the dise deoth.1 any, giv staling VTRIBUTIN IE TERMIN	ing (B) DUE 10, PK AS (C) GO	a consequence of: A consequence of: Marlus	the other cheere	is flar roths
	21A ACCIDENT W. OR CONTRIBUTING	WAS PERF	ORMED	21B PLACE OF INJURY (e.g., in home, form, factory, street, off	20 A. AUTOPSY? (Yas ar	M. L. D. Lis	FINDINGS CONSIDERED USES OF DEATH? e City, give exact lacation)
CAL	DEATH (notify medi-	cal examinar		elc.)	nee blogg INJURI OCCUR!		
MEDI	21 D. TIME (Mor OF INJURY (APPROX.)	nth) (Day) (Year)	(Houd	21E INJURY OCCURRED While At Not While At Work	21F. HOW DID I	NJURY OCCUR?	
	22. I certify that	(1) (this hospital)	attende	d the deceased from	11/18	_19 /2 to	12/8 10 70
	that (1) (we) last				19 70 and		nion death occurred on the date
				. (I) (We) (did) (did nat) vi		that intmy/ tauty opt	mon death occurred on the date
	23A. SIGNATURE	in the couses alon	BG GDGVE	· (1) (me) (ala) (ala nat) VI	ew the body after death	h.	
	al		1.0	Atter	nding Med.	Staff -	238, DATE SIGNED
	23C.PHYSICIAN'S NAME (Type)		au	DEGREE Phys.	3D. ADDRESS	Staff Phys.	1-/8/19
	ALLA	In H.	MAC	HT MOGREE	2 F Acord	87 Bil	DM4 2/202
24A	REMOVAL (Specify	1)		NAME OF CEMETERY OF CRE	MATORY 24D.	LOCATION (C)	ly, tawn, or county) (State)
	Burial	12/11/7	0	Holy Family Cem	etery	andallstown,	Baltimore, Nd
25A	DATE REC'D BY H	EALTH DEPT.	25B. NAN	E OF REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS
子	50-REV. 1/1/69	126.6E	En Al	MA	Lorin Byer	s,8728 Libert	y Rd. Randallstown



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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17	111 4 70 100	BALTIMORE CITY	HEALTH DEPARTMENT		
1/-	460 70 1204		TE OF DEATH	REG. NO	12048
BIRTH	ME OF DECEASED	CERTIFICA			
(Туре	or Print) JOHN J. /A	YLOR	121	9 770	10'30 A M
3. PL/	ACE IN BALTIMORE, MARYLAND, WHERE PA	ONOUNCED DEAD	4. USUAL RESIDENCE (When	re deceased lived. Il institution:	residence before admission)
FULL HOSP	NAME OF (IF NOT IN HOSPITAL OR II TAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	2	1-01
	8		Rotting	D. INSIDE CITY	_
0	May T	1/ 6	E. STREET AND NUMBER	11.5	3 10
5. SEX	UNIVERSITY	HOSPILAL	708 me 3	lenny It - ?	2/230
,	ale white WIDO	WED NEVER MARRIED WED DIVORCED	8. DATE OF BIRTH	9. AGE (In yeors If Und	der 1 Yı. II Under 24 Hrs.
toA, U	SUAL OCCUPATION (Give kind of work 10B, KIN		11. PIRTHPLACE (Stale or lorei	gn country) 12. CI	TIZEN OF WHAT COUNTRY?
	alesman Bras	il Frank of to	Bux	7 .	u.s.A.
	THER'S NAME	uy of and cheesen	14. MOTHER'S MAIDEN NAM		и. В. Л.
0	Harry Yaylor		The gr	helen	
15. Wo	s Deceosed Eyer in U. S. Armed Forces? or unknown) (If yes, give wor of dotes of servi	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	Q.	ADDRESS
· ofi		7	L. C. Cind	San 2 3/4	to DL 2
18.	4 3 3 4 4	CAUSE OF DEATH	The party of	cange sur	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		D da	Parat	BETWEEN ONSET AND DEATH
СТІ	his does not mean the made of dving	e.g. (A) IMMEDIATE CAU	SE Brain Fun CONSEQUENCE OF:	u marci	2 mont
he	earl iailure, asthenia, etc. 1) means the dise jury ar camplication which caused death.)	ase,		U	
	ANTECEDENT CAUSES		triberoscl	enotic.	
DI	ISEASES OR CONDITIONS, if any, gi	ving (B)	A CONSEQUENCE OF:		
n's UI	e la the abave couse (A) stating NDERLYING CONDITION last.	(c)			- 3-11
	II	(0/200000000000000000000000000000000000	A	***************************************	
1 = 110	HER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIN SEASE OR CONDITION GIVEN IN PART 1 (A).	NG NAL	Le hy diati	on	
U 10 A	A DATE OF OPERATION 198 CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDING	S CONSIDERED
ERTIFI			160	IN CERTIFYING CAUSES OF	DEATH?
OR	A. A CCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examined)	21 B. PLACE OF INJURY (e.g., in home, larm, lactory, street, alfi etc.)	or obout TC. WHERE DID	(If In Boltimare City, gl	ve exact location)
		21E, INJURY OCCURRED			
112	PPROX.)	While At Not While	21F. HOW DID INJU	RY OCCUR?	
		Work At Work			
	at (1) (we) last saw the deceased alive			920 10 12/	19 19 20
			and tho	t In(my) (aur) opinion dea	ith occurred an the date
23A	d haur and from the causes stated above	e. (I) (We) (did) (did not) vi	ew the body ofter death.	1000 DA	Tr. Cloudes
	Manuel leable		ding Med. S	itoff A	TE SIGNED
230	PHYSICIAN'S NAME (Type)	DEGREE Phys.	Director P	hys 🔼 /	49170.
	MANUEL C	LAVEL	UNIVER	SITY HOLI	PITIL
24 A. BL	JRIAL CREMATION, 24B. DATE 246	C. NAME OF CEMETERY OF CREA		1	or county) /(State)
	wrist 12/14/70	Baltimore C.	au . R	altimore	md.
		AE-OF REGISTRAR	25C. FUNERAL DIRECTOR	1 9	ADDRESS DT
VS 150	T 3 MA COLORS EN MACCON	A CONTRACTOR OF THE PROPERTY O	John J. Cow	ant Sou Int.	Mollins



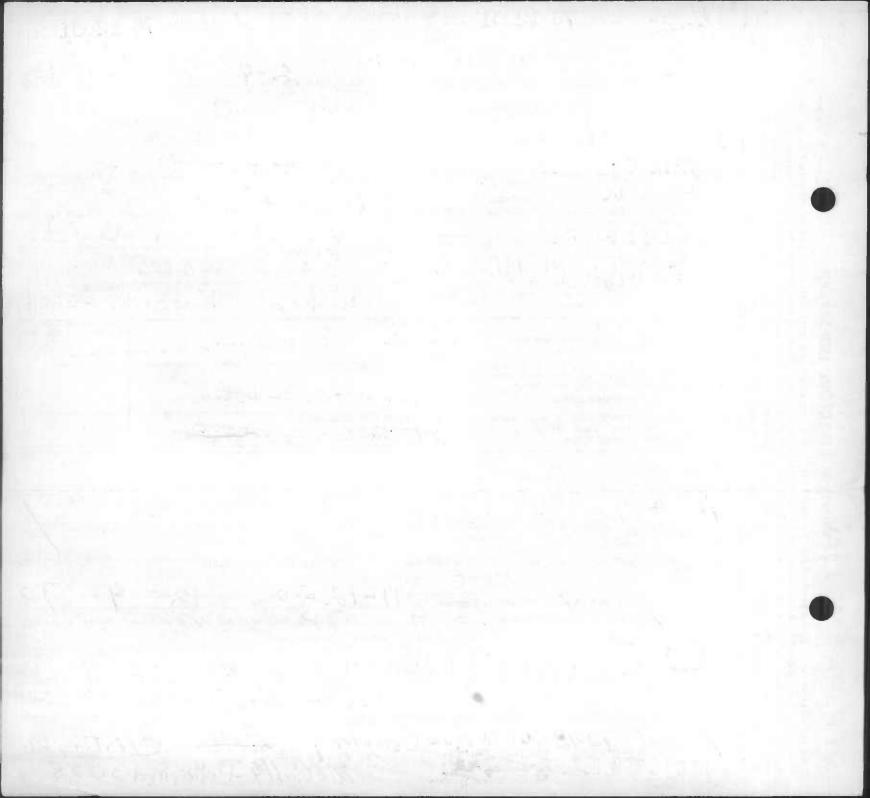
1. NAME OF D	ECEASED XXXXXX	SX. GEO		ATE OF DEATH REG. NO. 2. DATE AND HOUR OF DE LEY HEALES DECEMBER 8			
3. PLACE IN B	ALTIMORE, MARYLAND, W			4. USUAL RESIDENCE (Where deceased lived	Ma		
FULL NAME (HOSPITAL OR INSTITUTION	IIF NOT IN HOSPIT ADDRESS OR LOC. ST AGNES H		UTION, GIVE STREET	MD. BALTIMORE CITY LIMITS?			
40	WIKKENS & BALTIMORE,	CATON A	AVES. AND 21229	BALTIMORE E, STREET AND NUMBER 4207 WILKENS AVENUE	YES NO		
MALE	6. RACE WHITE	WIDOWED					
done during most	SMAN	1 0111	BUSINESS OR INDUSTR	MARYLAND	U.S.A.		
GE OF	RGE HEALES			CORA E MC KINLEY			
Yes, no or unkno	ed Ever in U. S. Armed For vn) (If yes, give wor or dote	ces? 's of service)	2 2 25 07 1	150 ST AGNES HOSPITAL	WILKENS & CATON A		
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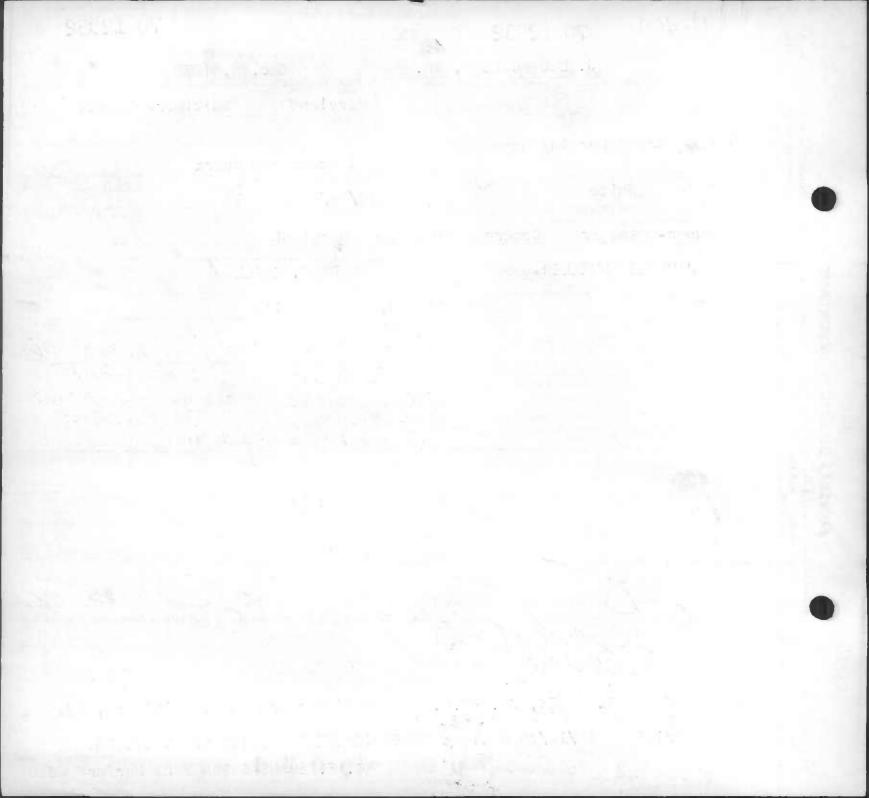
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1	1.0111			30=1		BALTIMORE CI	TY HEALT	H DEPARTMEN	1T		7(120	50
RT	H NO. 76	Ì	70 1	2001)	CERTIFIC	ATE C	OF DEAT	H.	Registered N	٧٥		
1. N	AME OF DEC	EASED			1			2. DAT	E AND	HOUR OF DEA	ATH		
(Typ	oe or Print)	Kess	ler	, /-	tele	n		1	2 -	9-70			M.
3. F	PLACE OF DEA	TH IN BALTIA	MORE MA	RYLAND			4. USL	JAL RESIDENCE	(Where	deceased lived,	If institution	residence bel	fore odmission)
1 .		e 4144 3	to transfer .					m	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Bulg	K. Phys.	53	40
P	HOSPITAL OR		in hospital a or location		on, give st	reet	C. CIT	Y OR TOWN	(If outs	ide city limits, w	rite RURAL	and give town:	ship)
0	NSTITUTION				17		1	Baltin	n n r	re			
10/	Marula	nd G	ene	ral	Has	pital	D. STR	REET ADDRESS		rol, give location) ,		,
8	227/1,	nden	Ave		212		2	600	oh	n Dr	we	21	234
5, S	EX	6. RACE			ED, NEVE	R MARRIED	B. DAT	OF BIRTH		AGE (In years	II Un	der 1 Yr. , II	Under 24 Hrs. urs Min.
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							RY 11. BIR	THPLACE (Stote o	r foreig	n country)		TIZEN OF	BV2
don	at ho		n if retired)					m 1.			- VV	USA	Ktr
13.	FATHER'S NAM						14. MC	THER'S MAIDEN	NAM	F			
	Andrew												
	Was Deceased s, no or unknown					CURITY NO.	17. INF	ORMANT				ADDRESS	
r	10				210	642138	5						
	18. 4//	99	25	0.9		CAUSE	OF DEAT	тн				INTERVAL	
		E OR COND		ECTLY		a +	ONSET AND DEATH					/	
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	heart failure,	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthema, etc. It means the disease,											
		njury ar complication which coused death,)											
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	DISEASES OR CONDITIONS, if any, giving are to the obove cause (A) stating the (C)												
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ATION	DISEASE OR	CONDITION	CAUSING I	T.	THE		Rea	reace					
CERTIFIC	19A. DATE OF	OPERATION	198. CON		OR WHICH	OPERATION	20 A	AUTOPSY? (Yes	or Nol	IN CERTIFYING	CAUSES O	S CONSIDER	ED
ERT	0							NO					
	OR CONTRIBL	IT WAS UND	SE OF]	21B. PLAC home, farm	E OF INJURY (e.g., foctory, street,	office bldg	ut 21C. WHERE D	J R?	(If in Bolti	imore City,	give exact loc	otion)
CAL	DEATH (notily				etc.)								
03	21 D. TIME OF INJURY	(Month) (Do	oy) (Yeor)	(Hour)	21E. INJU	RY OCCURRED		21F. HOW DII	D IN1U	RY OCCUR?			
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	age	ed 4	/ /	No	27 /	P	hys.	Med. Director	F	Staff Phys.		79//	0
	PAME (T	ype)	-		/		23D. AD	DRESS	7	1 "			
	ALI	FRRD	A.	1-11	AR	Jr. M.	D. (11 0	an	h Ur	e-		
24	REMOVAL	MATION, 248	. DATE	240	NAME o	CEMETERY OF	CREMATOR	2	4D. LO	CATION	(City, town	, or county)	(Stote)
	buria	1	12/12	170	Park	wood			Ba	1to. Cou	unty,	Md.	
254	A. DATE REC'D	BY HEALTH	DEPT.	258. NAA	AE OF REC		250	FUNERAL DIRE	CTOR		CYCL	ADDRE	SS O
	DEC 1/4	1070	2. Ca. 6 8	192	77 4 642		2 0	hallest	EVI	act uni	580	+ HART	opy Ked
VS	150-REV. 1/1/	65		1.	-	, a						1.0.	

1	H-630 70 12051 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 70 12051							
and eath ased the Such	BIRTH NO. CERTIFICATE OF DEATH REG. NO. I. NAME OF DECEASED REG. NO. POLICY OF DECEASED							
fal a falea eceas on t	Type or Prints ALDINE TOWARD 12-9, -30 12:30-P.							
2000=	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY							
d a (5) P D	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN C.							
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0.= L :	HOSP. E. STREET AND NUMBER NO GOLD ST							
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rect or (4) Und was i the do	13. FATHER'S NAME.							
	TRAISIAN DEAN (Dec) SADIE WILLS							
kind deat ce o	15. Was Deceased Ever In J. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Records 16. SOCIAL SECURITY NO.							
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or by	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exect lecotion)							
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atte	OF INJURY (APPROX.)							
he xx	22. I certify that (I) (this haspital) attended the deceased from 19 to 19							
0 0 0 0 0	that (1) (we) last saw the deceased alive an 12-9 and that in (my) (dur) opinion death accurred an the date							
sed pit pit ust	and hour and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death.							
R	Affending Med. Stoff Director Phys. Director Phys. 12-9-70							
was re A. at a prior pprove	23D. ADDRESS SOUTH BALTIMOREGEN. HOSE							
(T T T	24A. BURIAL CREMATION, 248. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stole)							
the bady shaws: (1) was D.O./ deceased written a	BORIA 12-13-79 EIK SUN COMETER Y BALTA, ACKTON, US.							
the b shaw was dece	DEC14 BA Case &							
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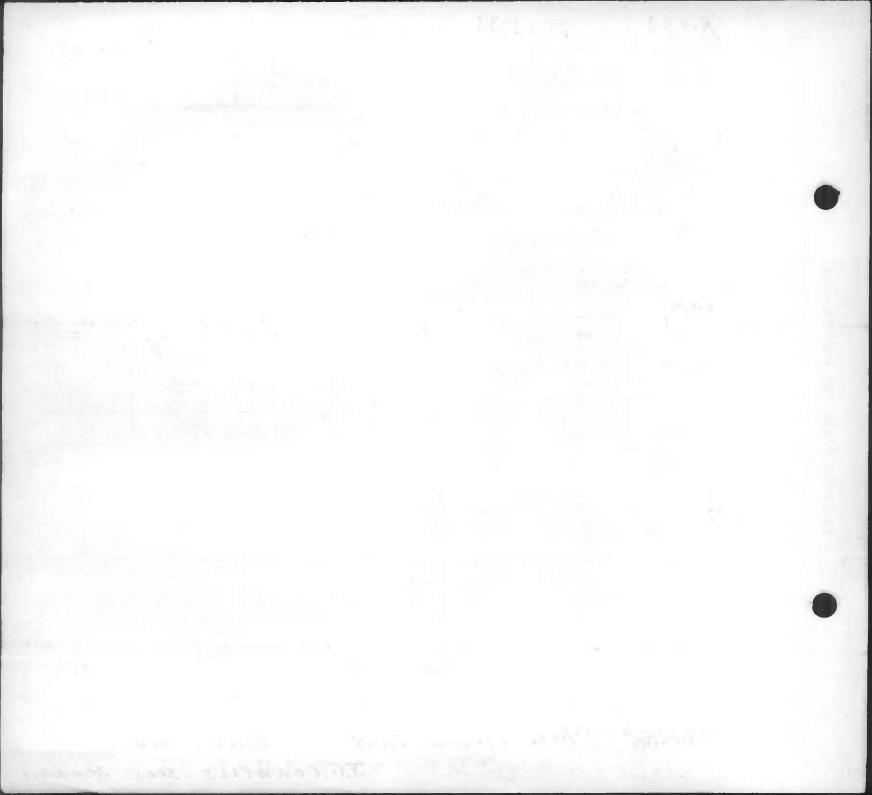
BIR	N-460 70 1	DOWN'S	Y HEALTH DEPARTMENT	REG. NO	70 12052			
1. N	NAME OF DECEASED	2 MIELLED CO	2. DATE AND HOUR OF DEATH					
3	J. LE	MUELLER, SR.	Dec. 8, 1970 M. 14. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)					
			A. STATE B. COU	NIY				
HC	DAMIAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	Maryland Baltimore County					
	STITUTION		C. CITY OR TOWN	D. IN	YES NOX			
L	ong Green Nursing	g Home	E. STREET AND NUMBER		IES NOT			
			5 Scotsdal	e Court				
	lale White	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	10/24/1893	9. AGE (In years last birthdoy)	onths Doys Hours Min.			
don	. USUAL OCCUPATION (Give kind of work e during most of working life, even it retired)	108 KIND OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?			
0	wner - Manager	Concrete Block Co	Maryland		USA			
3.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	777			
	JOHN LEO MUELLER		MARY C. KN	OLL				
5. \ Yes	Was Deceased Ever in U.S. Armed For s, no or unknowni (If yes, give wor or dote	ces? 16. SOCIAL s of service) SECURITY ND.	17. INFORMANT		AODRESS			
n	0	219 07 225	famil	У				
	18.4/2.41	CAUSE OF DEAT	R /	. 11	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OF CONDITION DI	RECTLY	arachin	west No	mandoal-del			
	This does not meen the mode of dying, e.g.,							
	this does not meen the mode of dying, e.g., heart bilure, asthenia, etc. It means the disease, injury or complication which coused death.)							
	ANTECEDENT CAUSES (Tylestosclerolic Cardiovasculo-Nisland							
	DISEASES OR CONDITIONS, il ony, giving DUE 10, OR AS A CONSEQUENCE OF: ON THE OBOVE CAUSE (A) sloting the OUT TO CONTROL OF THE OWN OWN OF THE OWN OF T							
	rise to the above cause (A) UNDERLYING CONDITION last	sloting the will Core	ero ascala	7/19/19	card, co-			
	- 11	(1)	the state of	- Julian				
ATION	OTHER SIGNIFICANT CONDITIONS COI TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR	IE TERMINAL		1				
RTIFIC	19A. DATE OF OPERATION 19B. CON WAS PERI	DITION FOR WHICH OPERATION FORMED	20A. AUTOPSY IVes of N	ON CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?			
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21 B. PLACE OF INJURY (e.g., home, form, factory, street, o	n or obout 21 C. WHERE DID flice bldg., INJURY OCCUR?	(If In Bottime	ore City, give exact location)			
MEDI	21D-TIME (Month) (Doy) (Year)	(Hour 21E INJURY OCCURRED	21F. HOW DIO IN	JURY DECUR?				
3	OF INJURY (APPROX.I Work At Work At Work							
	22. I certify that (I) (this hospital) attended the deceased from 190 to 190							
	that (1) (we) last saw the deceased alive on							
	and hour and from the causes stated above (1) (We) (did) (did not) view the body after death.							
	23A, SIGNATURE 23B, DATE SIGNED							
	Attending Med. Stoff / 1/1/70							
	23C. PHYSICIAN'S NAME (Typei	DEGREES	23D. ADDRESS		11/1/			
	FRANK T. KASI	K, JR. M.D. DEGREE	9005 Harford	d Road Ba	Altimore Md			
24A.	BURIAL CREMATION, 248 DATE REMOVAL (Specify)	24C, NAME of CEMETERY OF CRI	EMATORY 24D. I	OCATION (C	City, town, or county) (State)			
	buria1 12/12	/70 HOLY REDEEMER	CEMETERY	Baltimore	City. Md.			
25A		258 NAME OF REGISTRAR	25C. FUNERAL DIRECTO	R ₃	ADDRESS			
-	150-REV. 1/1/48	Names A.C.	OC OF DEVANS	88 NOS 3 18	02 Harford Road			
4.00								



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written appraval must be abtained before the remains are embalmed or final disposition is made.

	2417114005 6171			
194-620 70 12		HEALTH DEPARTMENT	V/	A
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	70 12050
1. NAME OF DECEASED		2. DATE AI	ND HOUR OF DEATH	220,03
JOHN.V.KAIRIS		12.	9. 70.	12.10 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONO UN CED DEAD	A STATE	1	nstitution: residence before admissiont
FULL NAME OF HOSPITAL OR I ADDRESS OR LOCATIONI		C. CITY OR TOWN		MARYLAND GODE CITY LIMITS?
CHURCH HOME A.	ND HOSPITAL	Edgeno		YES NO
		E. STREET AND NUMBER		
35		2414 Han	son Road	Apt 66
	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., if Under 24 Hrs.
	WED DIVORCED	7.27.05	65.	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore	ign country!	12. CITIZEN OF WHAT COUNTRY?
Pharmaeist		MD.		AMERICA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AAE	MAERICA
MICHDEL KAIRIS		7		
15. Was Deceased Ever in U. S. Armed Forces?	11 / 200-11	•		
(Yes, no or unknown) (If yes, give wor or dotes of serv	icel SECURITY NO.	17. INFORMANT	10	ADDRESS
UNK	216 05 8745	it,/(.V	- prolen	0
18./62./	CAUSE OF DEATH	HEARTB	LOCK	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		0.		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	SE BROCHOGE	NIC CARCIN	ma(4)
(This does not mean the made at dying, heart loiture, asthenia, etc. It means the disc	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		1
injury or camplication which caused deoth.)	C MEH	astases to L	iver and	
ANTECEDENT CAUSES	in CA	RCINO MATOSI	5 PERITO	4/11
DISEASES OR CONDITIONS, il any, gi	ving DUE TO, OR AS	ACONSEQUENCE OF:		********************************
ise to the obove cause (A) stating UNDERLYING CONDITION last.	the AND	ACUTE PAN	CREATIT	15.
The state of the s	{C}		*****************	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL	***************************************		
U 194 DATE OF OPERATION 1108 CONDITION	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B IF YES WERE	FINDINGS CONSIDERED
12-9-70 WAS PERFORMED	Abdominal Mas		IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF	21 B. PLACE OF INJURY (e.g., in	or about 21C. WHERE DID	(If In Boltimore	e City, give exact location)
II & IDEAIN Inotity medical examined	home, form, foctory, street, off	ice bldg., INJURY OCCUR?	***************************************	
21D. TIME (Month! (Day! (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	100	
OF INJURY (APPROX.)	White At Not While		OKT OCCOR!	
	Work At Work			
22. I certify that (I) (this haspital) attend	ed the deceased fram	12-2-1	9 7c_ta	12 - 9 19 70:
that (1) (we) last saw the deceased altre	an//	19 7 O and the	it in (my) (our) apli	nion death occurred on the date
and haur and from the causes stated abov	e. (1) (We) (did) (did nat) vi	ew the body after death.		
23A. SIGNATURE		, , , , , , , , , , , , , , , , , , , ,		23 B. DATE SIGNED
I. I. I lande	Atten	ding Med.	Staff Phys.	17.9 70.
23C.PHYSICIAN'S		3D. ADDRESS	Phys.	12//0
NAME (Type)		2 E Read	St Bak	times = m17
24A. BURIAL CREMATION, 24B. DATE 24	DEGREE	VE. VICAG	-1 200	, Md
REMOVAL (Specify)	C. NAME OF CEMETERY OF CREA			y, lown, or county! (Stote)
1/12/20	LOUDON PA	RK (BALTO.	MO.
25A. DATE REC'D BY HEALTH DEPT. 25B, NA	AE OF REGISTRAR			ADDRESS
DECTA BLO CORPA E MAR	Contract of the second	2 395 Can	ELLY S	TONS 300 MACE
VS 150-REV. 1/1/68				7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7



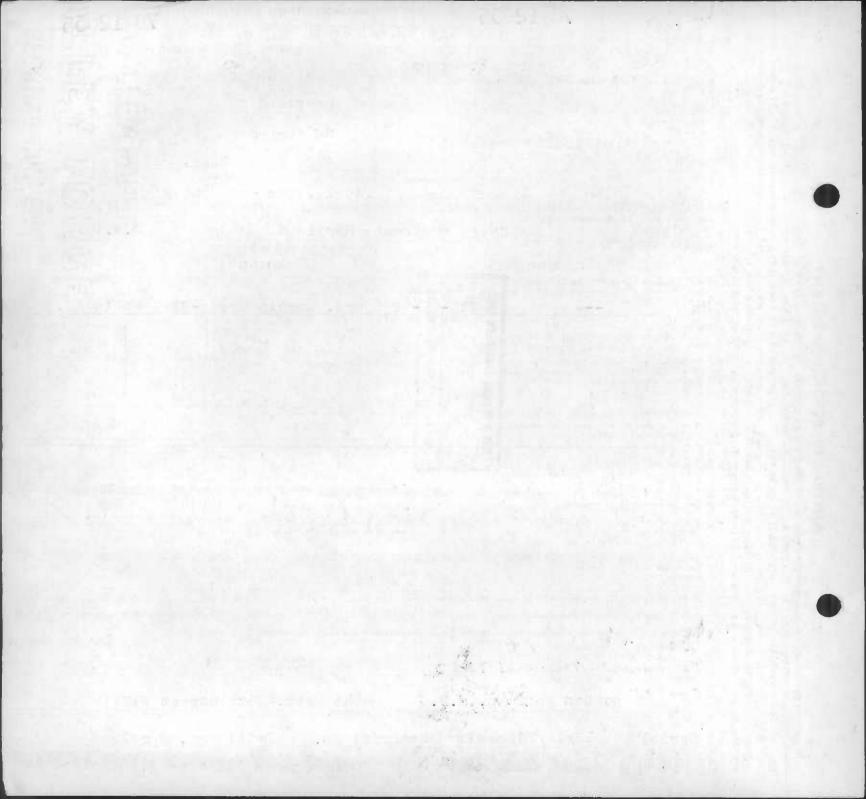
1-525	12054	BALTIMORE CIT	Y HEALTH DEPARTMENT	_70 12054		
RTH NO.		CERTIFICA	ATE OF DEATH REG. NO	10 15004		
(pe et Pont)			2. DATE AND HOUR OF DE	ТН		
	EDWIG	IIII CED DE LO	DECEMBER 10,	19701 4:50 A.		
			Ilve style	Il institution; residence belore admission		
OSPITAL OR ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	01112			
				INSIDE CITY LIMITS? YES NO NO		
			E. STREET AND NUMBER			
	D 2122	9	BOX 2001 OCEAN BRA	N CH		
	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yours	If Under 1 Yr. II Under 24 Hrs Months Doys Hours Min.		
	WIDOWED)	DIVORCED _	10 12 06 6/1	Doys Hours Will.		
ne during most of working lile, even if settred)	KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign ceuntry)	12. CITIZEN DE WHAT COUNTRY		
R.N.	NURS	Sinc	NEW JERSEY	USA		
FATHER'S NAME			14. MOTHER'S MAIDEN NAME	777		
HUBERT J.			MARIE			
Was Deceased Ever in U. S. Armod Fo s, no or unknown) (If yes, give war ar dol	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	PALTIMODE MD 2122		
10		135-14-6577				
DISEASE OR CONDITION DE	RECTLY		- 1 1 1 1 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT		
LEADING TO DEATH						
(This does not meen the mode of dying, e.g., (A)IMMEDIATE CAUSE (CYCAYO VASCO) OF (CICARO)						
injury at camplication which caused	death.)					
		(B)				
DISEASES OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
UNDERLYING CONDITION last.	orening me	(c) ///per	tension- Diabetes Mel	1705		
11						
TO THE DEATH BUT NOT RELATED TO T	HE TERMINAL					
19A. DATE OF OPERATION 119B. CON	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes of Ne) 20B. IF YES, WE	RE FINDINGS CONSIDERED		
			NO IN CERTIFYING	CAUSES OF DEATH?		
OR CONTRIBUTINO CAUSE OF	21B.	e, form, lactary, street, at	n or eboul 21 C. WHERE DID (If In Belti ffice bldg., INJURY OCCUR?	mere City, give exoct lecetien)		
DEATH (notify medical exeminal)	etcJ					
OF INJURY			21 F. HOW DID INJURY OCCUR?			
	War	AI WOR				
22. I certify that (M (this hospital) attended th	e deceased from NC	OVEMBER 27, 19 70 to DE	CEMBER 10. 19 70		
	1/1		19 70 and that in (my) (aur)	ppinion death accurred on the date		
and haur and fram the causes ste	ed above.	(Me) (qiq (qiq)(qi) (a))	lew the bady after death.			
23A. SIGNATURE				23B. DATE SIGNED		
DOC BUYEROLANDE		DEGREE Phys	Director Phys.	12/80/70		
_ ''			DAT	TIMORE MD 21229		
S QUIROZ, M.D.		DEGREE		KENS & CATON AVE		
				(City, town, or county) (State)		
	10 Ho	ly Sapulcha		Totown Borreuth N. J		
DATE ALCO DE HEALIN DEPL.	TADE NAME O	PEREGISTRAR CO	25C. FUNERAL DIRECTOR			
DEC 14 1970 Robert	2 dally	A.A.A.	Wm. Cook- Brooks Towen.	ADDRESS		
	ANTECEDENT CAUSES DISEASE OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONTRIBUTIONS (A) UNDERLYING CONTRIBUTION GIVEN IN PAR 1994. A CIDENT WAS UNDERLYING OR CONTRIBUTION GIVEN IN PAR 1994. A CIDENT WAS UNDERLYING OR CONTRIBUTION GIVEN IN PAR 1994. A CIDENT WAS UNDERLYING OR CONTRIBUTION GIVEN IN PAR 1994. A CIDENT WAS UNDERLYING OR CONTRIBUTION GIVEN IN PAR 1994. A CIDENT WAS UNDERLYING OR CONTRIBUTION GIVEN IN PAR 1994. A CIDENT WAS UNDERLYING OR CONTRIBUTION GIVEN IN PAR 1994. A CIDENT WAS UNDERLYING OR CONTRIBUTION GIVEN IN PAR 1994. DATE OF OPERATION GIVEN IN PAR 1994. DATE OF OPERATION, 1994. DATE OF OPERATION, 1995. DATE OPERATION	RITH NO. NAME OF DECEASED P. C. P. GONDON. HATTE HEDWIG PLACE IN BALTIMORE, MARYLAND, WHERE PRONO ILL NAME OF ADDRESS OR LOCATION) STITUDONNES HOSPITAL VILKENS & CATON AVENUES SALTIMORE MARYLAND 2122 SEX 6. RACE FMALE WHITE WIDOWED LUSUAL OCCUPATION (Give kind of work 108, KIND OF eduring most of working life, even if retired) N. FATHER'S NAME Wes Deceased Ever in U. S. Armod Forces? s, no or unknown) (If yes, give wor at doles of service) O 118. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (Ihis does not meen the mode of dying, e.g., heort foliture, asthenia, etc., It means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A-DATE OF OPERATION 198. CONDITION FOR V WAS PERFORMED OF CONTRIBUTIND CAUSE OF DEATH (notify medical examined) 21A. ACCIDENT WAS UNDERLYING 1/28. OF INJURY (APPROX.) 22. I certify that (M (this hospital) attended the that (W (we) last saw the deceased alive on and haur and fram the causes stated above. (W 23A. SIGNATURE) 22. SURIAL CREMATION, 24B. DATE 24C. NA REMOVAL (Specify) BURIAL CREMATION, 24B. DATE 24C. NA REMOVAL (Specify)	CERTIFICA WAME OF DECEASED PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ILL MAME OF ADDRESS OR LOCATION) SPITIAL OR ADDRESS OR LOCATION) SEX ALT IMORE MARYLAND 21229 SEX BALT IMORE MARYLAND 21229 SEX BAL	AND OF DECEASED PLACE IN BALTIMORE, MARTIAND, WHERE PRONOUNCED DEAD ILL NAME OF DECEASED PLACE IN BALTIMORE, MARTIAND, WHERE PRONOUNCED DEAD ILL NAME OF ADDRESS OF LOCATION IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OF LOCATION IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OF LOCATION IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OF LOCATION IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OF LOCATION IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OF LOCATION IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OF LOCATION IN HOSPITAL OR INSTITUTION, GIVE STREET AND NUMBER BOX 2001 OCEAN BRA SEALT IMORE MARYLAND 21229 SERVE ALT IMORE MARYLAND 21229 SERVE WHITE WHITE WINDOWS IN TOO PRUSINESS OR INDUSTRY 11.8 INTERPLACE (Issue or Insense the insense with the devining like, even if refired) L. N. ASACE EMALE WHITE WHITE WHO PROVIDED DIVORCED 10 12 06 L. N. ASACE EMALE WHITE STREET AND NUMBER BOX 2001 OCEAN BRA SECURITY OF THE STREET AND NUMBER BOX 2001 OCEAN BRA SECURITY OF THE STREET AND NUMBER BOX 2001 OCEAN BRA IN JURIS OF BUSINESS OR INDUSTRY 11.8 INTERPLACE (Issue or Insense the diseases, injury or complication which caused death.) ANTECEDENT CAUSES DISEASE OR CONDITION DEACHT LEADING TO DEATH (This does not meen the mode of dying, e.g., how or which caused death.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, II only, giving fise to the above cause (A) sinding like UNDERLYNO CONDITION IN ASTI 1(A). CAUSE OF DEATH OTHER SIGNIFICANT CONDITIONS OF THE SEMINAL DISEASE OR CONDITION IN ASTI 1(A). CONTRAINING CONDITION OF WHICH OPERATION NO 210-ACCIDENT WAS UNDERLYNO OF THE SEMINAL DISEASE OR CONDITIONS OF THE SEMINAL DISEASE OR CONDITION OF THE SEMINAL DISEASE OR CONDITIONS OF THE SEMINAL DISEASE OR		

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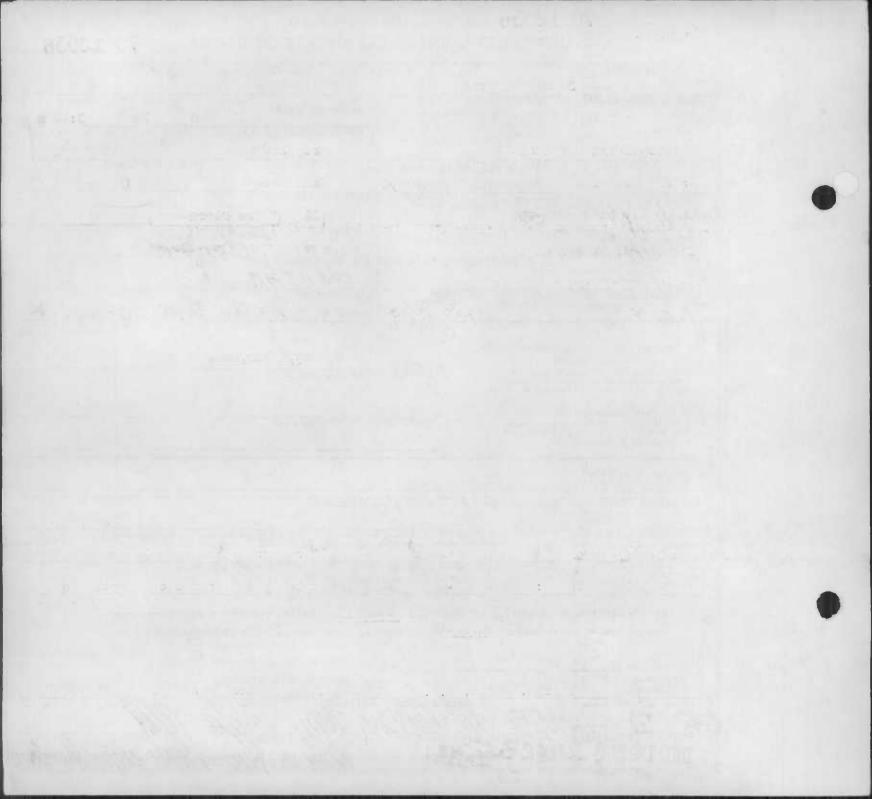
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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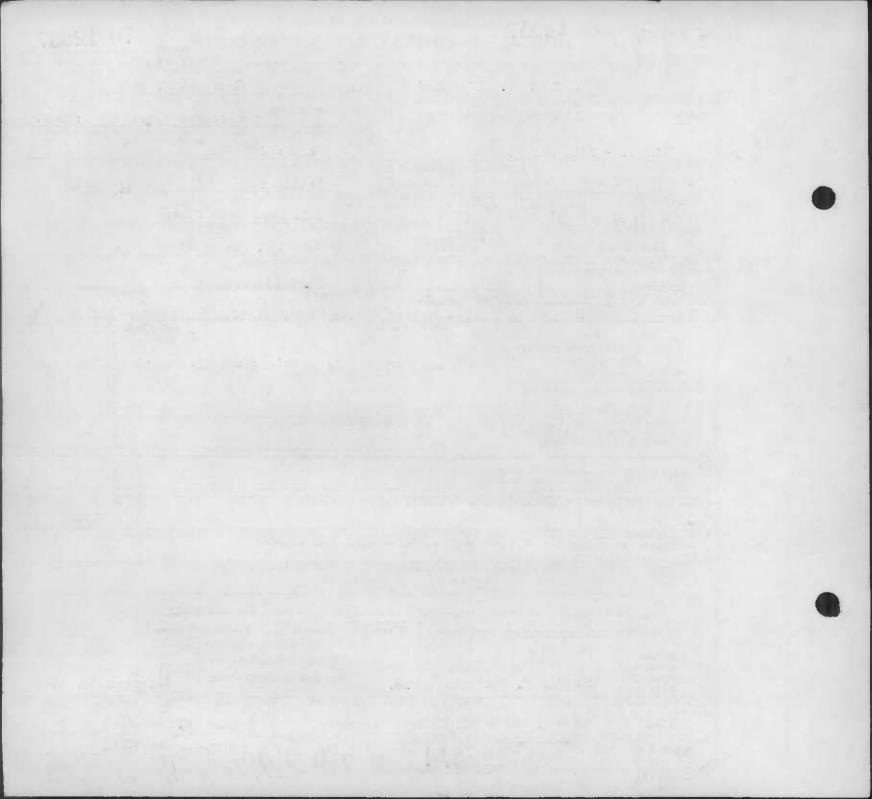
6	2 / 100	70	1208	5 BA	ALTIMORE CITY	HEALTH DEPARTMENT		50 400==
)-6010		25. ~ 47 3.		ERTIFICA	TE OF DEATH	REG. NO.	70 12055
	TH NO.	FASED				2 DATE A	ND HOUR OF DEATH	
(Тур	e or Print)	J	oseph			DE	C9,1970	10 A. M.
3.	PLACE IN BAL	THMORE, MARYLAND,	WHERE PRO	NO UN CED	DEAD	4. USUAL RESIDENCE (Wh.		stitution: residence befare admission)
HC	LL NAME OF	ADDRESS OR LO	TAL OR INS	TITUTION, G	HVE STREET	Maryland C. CITY OR TOWN	II SIAI O	DE CITY LIMITS?
IN:	NOITUTIES					Bal timor		YES NO
	38	Universi	ty Ho	spita:	1	E. STREET AND NUMBER		3.03.3
	~ 0							1211
5. S	ale	White	7. MARRI	ED NEVE	DIVORCED	Feb 12, 1906	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		JPATION (Give kind of w	ork 10B. KIND		S OR INDUSTRY		eign country)	12. CITIZEN OF WHAT COUNTRY?
don	Cler	working life, even if retired K		ware I	Busines	Maryland		U.S.A
13.	FATHER'S NA	VI E				14. MOTHER'S MAIDEN NA	ME	
		Unkno	own			Unkno	wn	
		Ever in U. S. Armed F	otes of servic		HAL URITY NO.	17. INFORMANT		ADDRESS
N	0	We 449 444			05-923		Byers-372	
	1B. 4//	7,91		40 1	USE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY CONTRACT CONTRACT THE CONTRACT CONTR						2 hrs.	
	(This does not mean the mode of dying, 15 TOPE TO AS A CONSEQUENCE OF							
		ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES						
	DISEASES OR CONDITIONS, if ony, gilling DUE TO, OR AS A CONSEQUENCE OF:							
		abave cause (A) stating	hee /	10			34 ear
	OHOEKEHIK	11		2	13			
Z O		ICANT CONDITIONS C						
ATI		H BUT NOT RELATED TO ONDITION GIVEN IN P	ART 1 (A).					
CERTIFIC	19A. DATE OF		ERFORMED	R WHICH C	PERATION	20 A. AUTOPSY? (Yes or N	10) 20B. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
CER	21 A. ACCIDE	NT WAS UNDERLYING		21B. PLACE	OF INJURY (e.g.,	in ar about 21C. WHERE DID	(If in Baltimare	e City, give exact location)
AL	OR CONTRIBLE DEATH (notify	JTING CAUSE OF medical examiner		home, form, etc.)	foctory, street, o	ffice bldg., INJURY OCCUR?		
MEDIC	21 D. TIME	(Month) (Doy) (Yeo	r) (Haur)	21 E. INJURY	OCCURRED	21F. HOW DID IN	JURY OCCUR?	
×	(APPROX.)			While At	Not Whi			
	22. 1 certify	that (1) (this hospit	attende		ased fram	1-2-1	19 6 8 to	11-7 1970
	that (I) (we)	last saw the decea	sed alive o	n	No	1.71970 and t	hat In (my) (our) apir	nian death accurred an the date
			tated abave	. (I) (We) (did) (did nat)	view the body after death.		
	23A. SIGNATU				Att	ending - Med.	Staff -	23B, DATE SIGNED
	160	uber 1784	non	, m.	D , DEGREE Phy	Med. Director 23D. ADDRESS	Staff Phys.	12-10-70
	PHYSICIA NAME (T	ype)					/ L) - C1	03.03.3
24/	RURIAL COF	Reuben I			D. DEGREE	846 West. 3	oth Street	ty, town, ar county) (State)
244	REMOVAL	Specify)						
25/	Burial	BY HEALTH-DEPT.	25B NAM	relan	d Memor	ial Pk. Be	altimore, M	lar yland ADDRESS
0	EC 14 1	70 Robert E	Valle	82				3818 Roland Ave
VS	150-REV. 1/1/	6 B						



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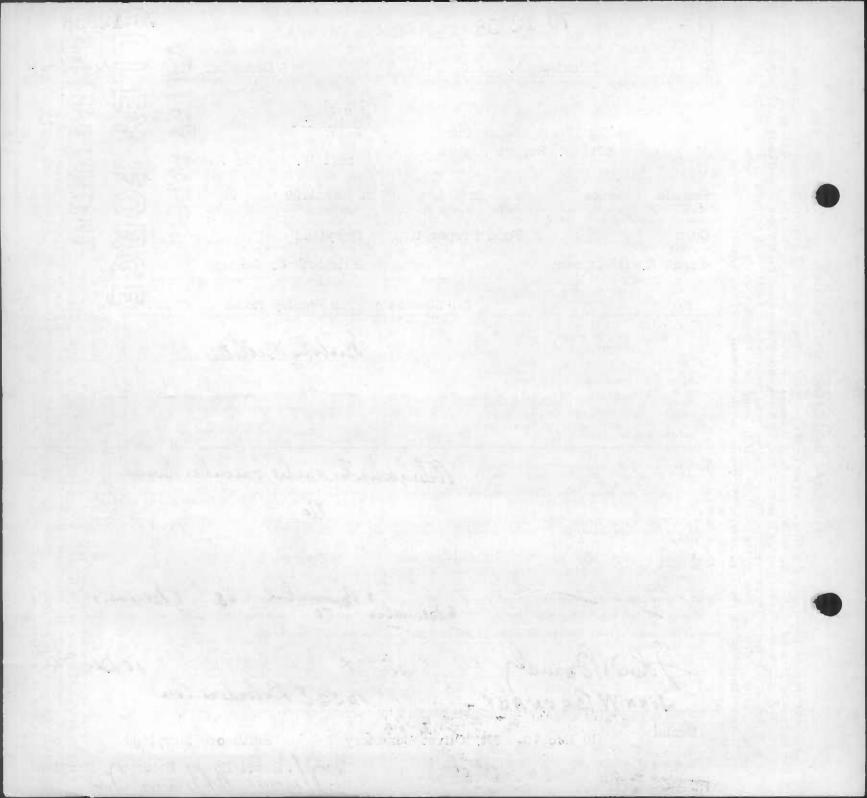
70 12056 BALTIMORE CITY H	HEALTH DEPARTMENT	
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG NO.	70 12056
BIRTH NO.		10 1000
1. NAME OF DECEASED (Type or Print)	2. DATE Known & Month Day	Yeor Hour
John Patterson	DEATH Estimoted L	Yeor Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	200
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION		70 '3:00 a _м
	5. USUAL RESIDENCE (Where deceased lived. If Institution A. STATE B. COUNTY	n; residence before damission)
Provident Hospital	Maryland TIC. CITY OR TOWN D. INSIDE C	13-10L
6. SEX 7. RACE 8. MARRIED NEVER MARRIED		
male colored widowed Divorced		ES 🐼 NO 🗌
9. DATE OF BIRTH 10. AGE (In years I funder 1 Yr. if Under 24 Hr Months: Days Hours Miles	n.	
11/21/01/6/1919 51	2235 Eutaw Place	
11. BIRTHPLACE (Biots or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	,
204/ACarolina	Sam /a/ Tenson	
I 4A. USUAL OCCUPATION (Give kind of work) 486 KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	The Table of the Same	
Cement tunisper	Ben/Ma	ADDRESS
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no of unknown) (If yes, give wor or dates of service) SECURITY NO.	18. INFORMANT	100KESS / 01
10 250-29-993	otownie hallher 10411	Edge Mood St
19. CAUSE OF DE	EATH	BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH (This does not mean the made of dyling, e.g., (A) IMMEDIATI	ECAUSE Subdural hematoma	
heart foliure, asthenio, eic. it means the disease, injury ar compilcation which caused death.)	R AS A CONSEQUENCE OF:	
injury of complication which coosed deality		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	R AS A CONSEQUENCE OF:	
Z UNDERLYING CONDITION LAST. (C)		
OF CONTRIBUTING TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).	MAC PERSONALES	121 AUXORGVO (Ves es No)
208. CONDITION FOR WHICH OPERATION	WAS PERFORMED	21. AUTOPSY? (Yes or No)
	g., In or obout 22C. WHERE DID (If in Baltimore City, give ex	yes
UNDERLYING TOR CONTRIB. home, farm, factory, street, of	ffice bldg., etc.) INJURY OCCUR?	7000
UTING CAUSE OF DEATH. Street	2205 Eutaw Place	13-00
22D. TIME (Month) (Day) (Yeor) (Hour) 22E.INJURY OCCURRED	OT WARE	
	WORK probably fell after co	
23. I certify that I held on Inquiry Inspection A	Autonou 🕅 and that on this hasis double in mu	alcohol
resulted from: Natural causes Accident X Suic	Ide Homicide Undetermined manner	
ACTUAL MARKET AS A SALE	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE MANAGEMENT M	A.D. ASSISTANT MEDICAL EXAMINER	
NAME (Type) Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER L. Deputy Chief Medical Examiner	12/6/70
24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETER		torpor younty) (State)
REMOVAL (Specify) 19/10/100 9/17/11/	The Then Part to Y	
25A, DATE REC'D BY HEALTH DEEL. 125B, NAME OF DEGISTRAR	WM UMF MUCLO III	Toppess /
25A. DATE REC'D BY HEALTH DEEL. 25B. NAMP OF PEGISTRAR	25C. FUDIERAL DIRECTOR	DDRESS 1
DECTA 1918 Ages - Area 1774	1 MONARY THRUCK HOME	2911 Senvoran
VS 151-REV. 1/1/68		





COOK COOK COOK Took Food Preparation Maryland USA 14. MOTHER'S MAIDEN NAME Frank E. Berterman S. West Deceased Ever in U. S. Armed Forces? (Tes, no a runknewn) (It yes, give wor of doles of service) NO 15. West Deceased Ever in U. S. Armed Forces? (Tes, no a runknewn) (It yes, give wor of doles of service) NO 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart indiure, asthema, etc. It means the disease, injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving its to the above cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NO RELATED TO THE TERMINAL OF ACCURAGE OF CONDITION GIVEN IN PART I JAI. OF CONTRIBUTING CAUSE OF DEATH 21A. ACCIDENT WAS UNDERLYING TO PER CONDITION OF WHICH OPERATION 21A. ACCIDENT WAS UNDERLYING TO PER CONDITION OF WHICH OPERATION 21A. ACCIDENT WAS UNDERLYING TO PER CONDITION OF WHICH OPERATION 21A. ACCIDENT WAS UNDERLYING TO PER CONDITION OF WHICH OPERATION 21A. ACCIDENT WAS UNDERLYING TO PER CONDITION OF WHICH OPERATION 21A. ACCIDENT WAS UNDERLYING TO PER CONDITION OF WHICH OPERATION 21A. ACCIDENT WAS UNDERLYING TO PER CONDITION OF WHICH OPERATION 21A. ACCIDENT WAS UNDERLYING TO PER CONDITION OF WHICH OPERATION 21A. ACCIDENT WAS UNDERLYING TO PER CONDITION OF WHICH OPERATION 21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID INJURY OCCUR? OF ONTIRBUTING CAUSE OF TO PERATION TO PER CONDITION OF WHICH OPERATION 21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID INJURY OCCUR? OF ONTIRBUTING CAUSE OF TO PERATION TO PER CONDITION OF WHICH OPERATION 21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID INJURY OCCUR? OF ONTIRBUTING CAUSE OF TO PERATION TO PER CONDITION TO PER CONDITION TO							
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## ADDRESS OF LOCATION The Wesley Home Inc 2211 W. Rogers Avenue STREET AND NUMBER Part Par	lence before odmissio						
S. SEX							
2211 W. Rogers Avenue 2.5. SEX 6. RACE 7. MARRIED NEVER MARRIED 2.3 Aug 1890 2.3 Aug	NO L						
Temale White							
Permale White Widowedd Divorced 23 Aug 1890 80	Yr. If Under 24 Hr						
Cook Food Preparation Maryland USA	7,5						
COOK Food Preparation Maryland USA	OF WHAT COUNTR						
13. FATHER'S NAME							
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. 219 30 8734 A The Wesley Home SAME 18. 219 30 8734 A The Wesley Home SAME 219 30 8734 A The Wesley Home SAME 218 30 8734 A The Wesley Home SAME							
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21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an and hour and from the causes stated obave. (I) (We) (did) (did not) view the bady ofter deoth. 23A. SIGNATURE Attending Med. Shaff Phys. Director Phys. 123D. ADDRESS	ATH?						
that (1) (we) last saw the deceased alive an 6 Alculus 19.70 and that in (my) (out) apinion death of and hour and from the causes stated obave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE Attending Med. Phys. 23B. DATE SIGNATURE 23B. DATE SIGNATURE 23B. DATE SIGNATURE							
23A. SIGNATURE Attending Med. Shaff Director Phys. 23B. DATE S	that (1) (we) last saw the deceased alive an 6 Ascaulta 19 70 and that in (my) (por) apinion death occurred on the date						
23C. PHYSICIAN'S [23D. ADDRESS]	SIGNED						
Marie tryper	Dec 70						
JOHN W 12ARNABY							
24A. BURIAL CREMATION, REMOVAL (Specily) Puriol 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or co	county) (State)						
10 Dec 70 Mt. Olivet Cemetery Baltimore Maryland 25A. OATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS						
Burgee Fiheral Home Baltimore							
VS 150-REV. 1/1/6B By: / Mills / January	Maryland						

BALTIMORE CITY HEALTH DEPARTMENT



This certificate must be appraved by the chief medical examiner or his assistant it death occurred in a hospital and	shaws: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (b) Na physician was in regular attendance on the deceased prior to death. Such	Written approval must be obtained before the remains are embaimed of final dispasition is made.	

1	N-214 70 1203	^	HEALTH DEPARTMENT	REG. NO	70 12059		
	NAME OF DECEASED	CERTIFIC/		1			
(Ту	pe or Print) I DA VI McP	hail	12/7	70	19:45 P M		
3.	PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived. If	institution; residence before admission)		
FU H (LL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	INSTITUTION, GIVE STREET	C. CHY OR TOWN	ID. IN	SIDE CITY LIMITS?		
0		, ,	Balt.		YES NO		
	Maryland General	Hospital	E. STREET AND NUMBER Wesley Ho	me, 2211 c	N. Roners Ave.		
5.	SEX 6. RACE 7. M.	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	II Under I Yr. II Under 24 Hrs. Months! Days Hours Min.		
	WIE	OWED DIVORCED	7/21/82	S S	Trouting Duy's Friedrick		
	LUSUAL OCCUPATION (Give kind of work 10B, It is during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or lore	eign country)	12. CITIZEN OF WHAT COUNTRY?		
901		Retail Store	Maryland		USA		
13.	FATHER'S NAME	totall boole	14. MOTHER'S MAIDEN NA	ME	USA		
	James McPhail		Mar Tale T	inton			
15.	Was Deceased Ever in U. S. Armed Farces?	1 6 SOCIAL	17. INFORMANT	Linton	ADDRES		
ίΥe	sono of unknown) (ili yes, give war ar doles of s	SECURITY NO.	17. INFORMANT		ADDRESS		
	-	215 07 8080	The Wesley Hor	ne 2211 Ro	gers Avenue		
	18.	CAUSE OF DEAT	Н	N · D	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTL	e ach	ugsoffen	Mic Can	divers of		
	LEADING TO DEATH	(A) IMMEDIATE CAL		以 并代	aise of too		
	(This does not mean the mode of dying heart failure, osthenia, etc. It means the d	isease,	A CONSEQUENCE OF:				
	injury or complication which caused death)	11	_ , /	1 01		
	ANTECEDENT CAUSES	(B)	V- Comment	Fred Market	a' that		
	DISEASES OR CONDITIONS, il any,	giving DUE TO, OR AS	A CONSEQUENCE OF:	, , , ,			
	rise to the above cause (A) stating UNDERLYING CONDITION lost.	g the	Immon In	A Colomo			
	- 11	(~/	i j	-			
No	OTHER SIGNIFICANT CONDITIONS CONTRIB	JTING					
ATI	TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A)	MINAL					
CERTIFICATION	19A-DATE OF OFERATION 19B CONDITION WAS PERFORME	FOR WHICH OFERATION	20A. AUTOFSY? IVes of No	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?		
ü	21A- ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(It In Boltima	ire City, give exact location)		
CAL	DEATH (notify medical examiner)	home, form, factory, street, a	nice pigg INJURI OCCURI				
Did	21D.TIME (Manth) (Day) (Year) (Has	d 21E INJURY OCCURRED	21F. HOW DID INJ	IURY OCCUR?			
MEDI	OF INJURY (APPROX)	While At Work					
	22. I certify that (1) (this hospital) atte		21 70	10 70 to 12	17/70 10 70		
22. I certify that (1) (this hospital) attended the deceased from 11 21 70 19 70 to 12 7 70 19 70 and that (1) (we) lost sow the deceased alive on 12 7 70 19 70 and that in (my) (our) opinion death occurred on the							
ond hour and from the causes stated above. (1) (We) (did) (did nat) view the body after death.							
	23A. SIGNATURE	. ^	10.4 1110 0007 01101 0001111		23 & DATE SIGNED		
	Mr. Silvers	MD Atte	nding Med.	Staff P	12/7/70		
	23C.PHYSICIAN'S	DEGREE Phys	Director L	Phys.			
li .	NAME (Type)	25.000	Maryland	(0.	Hosp.		
244	BURIAL CREMATION, 248, DATE	24C. NAME OF CEMETERY OF CRI	1. (aix land	ven-			
-"	REMOVAL (Specily)			OCATION (C	ity, town, or county) (State)		
	Burial 11 Dec 70	Geenmount Ce	metery	Baltimore	Md		
25/	EC 14 1970 Robert E 38	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		altimore Maryland		
VE	160 051/ 1/1/48		- ' By: / / / / / /				

In Nursing Home For 15 yes.

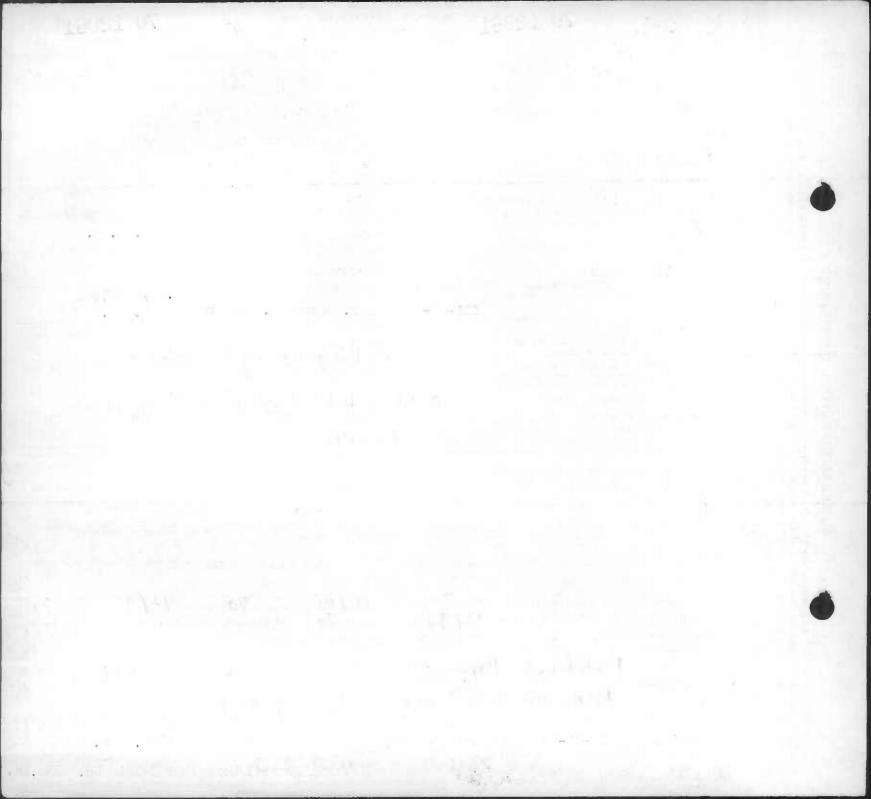
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

10-600 CERTIFICA	HEALTH DEPARTMENT TE OF DEATH X REG. NO. 70 12060
1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
Type or Print CLARENCE DERR	12-19/70 1 1053 M
3. PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission) A. STATE A. B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Moveyland Ballie 5 5 5 5 5
INSTITUTION MERCY HESPITAL	C. CITY OR TOWNS
37 Baltimore Md.	E. STREET AND NUMBER
	832:7 Ridgely Car Rd.
S. SEX 6. RACE 7. MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if refired)	11. SIRTHPLA CE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
influerm.	USA Mayland USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CLAPANCE S. DERR	Ellen Waters.
15. Wes Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	HOPPITO ON ADDRESS
18. CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	
head failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CONSEQUENCE OF:
ANTECEDENT CAUSES	esperatori premonty. 6/20.
	A CONSEQUENCE OF:
underlying condition lost.	tric delateon.
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A).	schoole condiovarailentissase unh
194. Date of operation 198 condition for which operation was ferformed Concerver Signor Co	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF MJURY (e.g., in home, form, foctory, steet, off	or about 21 C. WHERE DID (If In Boltimore City, give exact location) ice bida INJURY OCCUR?
DEATH (notify medical examinent NO etc.)	or Nover
21D.TIME (Month) (Day) (Yeor) (Haur) 21E. INJURY OCCURRED OF INJURY While At The Not While	21F. HOW DID INJURY OCCUR?
Work At Work	
22. I certify that (1) (this hospital) ottended the deceased from	11 27 19 10 to 19 19
that (1) (we) last saw the deceased alive an	19 Ond that in(my) (our) opinian death occurred on the date
ond haur and fram the causes stated obove. (1) (We) (did) (did not) vi	
MOROP STICE WAS Atten	ding Med. Staff
23C. PHYSICIAN'S 22C. PHYSICIAN'S 2	Director L Phys. L
NAME (TYPOFRED R. EILBER IND.	Morcey Hospital, Balt. Md.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREF	MATORY 240 LOCATION (City, town, or county) (State)
Burial 12-12-70 Mireland Memor	rial Park Balto. Nd.
	John C. Miller Inc0+615 Belain Rd21206
V5 150-REV. 1/1/68	

DEPSIL UT

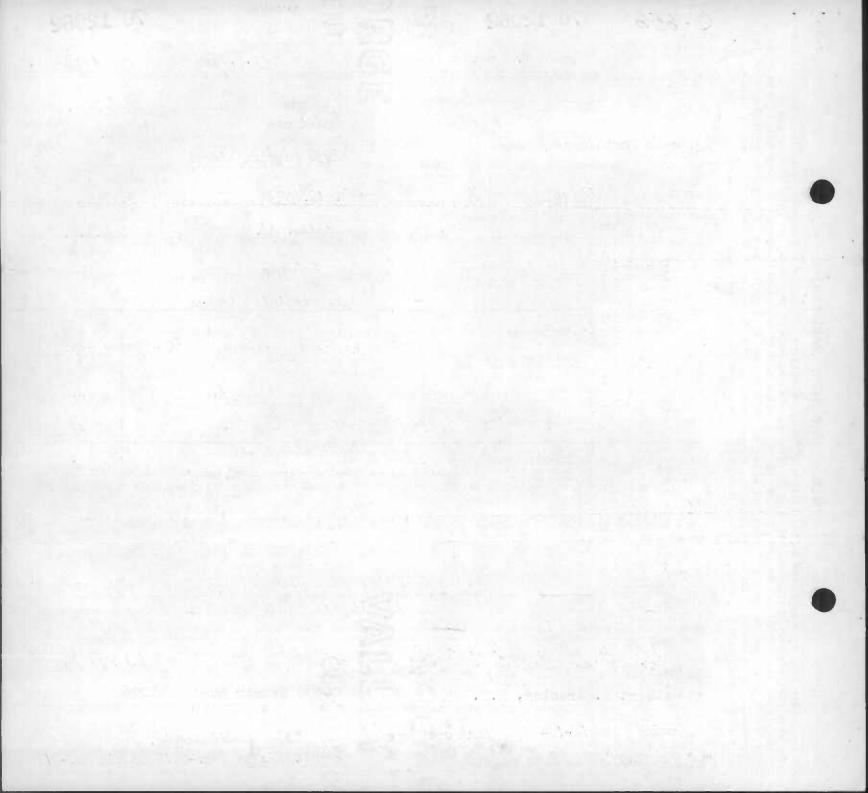
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIR	7-250 70 3	12061	BALTIMORE CITY CERTIFICA			REG. N	o70	1206	1
1.1	AAME OF DECEASED	1	M. CASSO	0 -1	2. DATE A	ND HOUR OF D	EATH	0.17	
3.	PLACE IN BALTIMORE, MARYLAND, WH	SERE PRONOL	INCED DEAD		IDENCE (WI	9-10	d. II de admidaea	19,12	PM
FU	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCAT			A. STATE MARY C. CITY OR TO	AND	B	. INSIDE CITY	, 53	ire damission)
1	MERCY HOSP. IN	ve		E. STREET AND NUMBER BOX 518 Rt 16					
5. S	= W	· MARRIED [DIVORCED	8. DATE OF BI	-90	9. AGE (In years	Month:	er 1 Yr. If I S Doys Hou	Under 24 Hrs.
10A dan	. USUAL OCCUPATION (Give kind of work) e during most of working life, even if refired) Housewife	OB, KIND OF	BUSINESS OR INDUSTRY	GERI		reign country)		S. A.	AT COUNTRY
13.	FATHER'S NAME			14. MOTHER'S	MAIDEN NA	ME			
	William Hoehn			Unknow	n				
(Ye:	Wes Deceesed Ever in U. S. Armed Ferce (no or unknown) (II yes, give wor or doles	of servicel	16. SOCIAL SECURITY NO.	17. INFORMAN			Rt.16,B		
1	18. // / / / / /		212-01-1509D CAUSE OF DEATH		ward W.	Casson	B alto.	Md.2122	20
ION	DISEASES OR CONDITIONS, if an rise to the obove couse (A) s UNDERLYING CONDITION last.	ny, giving sloling the	(B) CHF DUE TO, OR AS (C)	a bils a consequent sevi)	CE OF:	l pleus	eal of	usroh	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1 19A. DATE OF OPERATION 198. CONDITION WAS PERFO	TION FOR W	HICH OPERATION	20A. AUTOP	SY? (Yes or N		VERE FINDING	S CONSIDEREI	D
U	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. I home otc.)	PLACE OF INJURY (e.g., in form, foctory, stroot old	or obout 21 C. V	WHERE DID Y OCCUR?		ltimore City, gl		in}
3	21D.TIME (Month) IDoy) (Yeor) (OF INJURY (APPROX.)	(Hour) 21 E. While Work			OW DID IN	JURY OCCUR?			
	22. I certify that (1) (this haspital) attended the deceased from 11/14 1970 to 1970 to 1970 that (1) (we) last saw the deceased alive an 12/9/11/9/1970 and that In (my) (aur) apinion deoth accurred an the date								
	and haur and fram the causes stated obave. (1) (We) (did) (did not) view the bady after death.								
	23A. SIGNATURE	_		ding \ \	Ned.	Staff Phys.	23 B. DA	TE SIGNED	0 .
	Pahin PRATIM		DEGREE	D. ADDRESS	ucy	Hospits	el.	-1-1-/	
24A	REMOVAL (Specily) 248. DATE		ME of CEMETERY of CRE	AATORY	24D. L	OCATION	(City, town,	or county)	(State)
	Burial 12-12-70		Lawn Cemetery		E	Ssex	Balto.	Md.	
25A	DATE REC'D BY HEALTH DEPT. 25	B. NAME OF	REGISTRAR	Lassah	L DIRECTO	al Home 7	LOI BOI	ADDRESS	



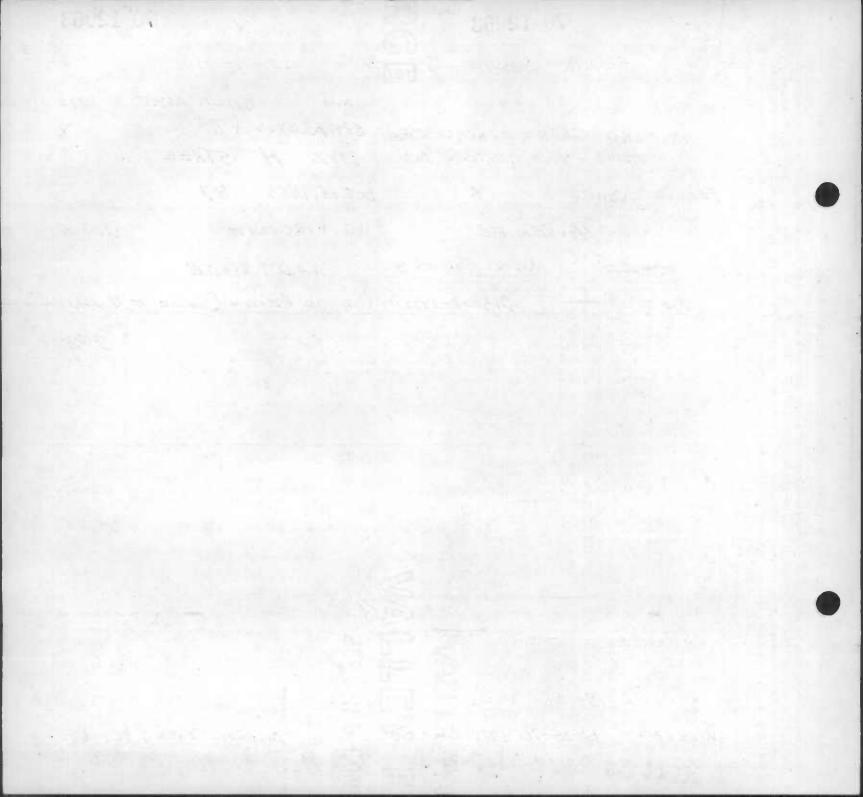
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11	An A	2000	BALTIMORE CITY	HEALTH DEPARTMENT		الميمار
C-656 BIRTH NO.	, /U 1	5065	CERTIFICA	TE OF DEATH	REG. NO	/0 12052
Type or Print)	Helen	H. (ream	er		c. 7, 1970	10;30 P.
3. PLACE IN BALT	TIMORE, MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (WI	nere deceased lived. If in	nstitution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC.	ATION)	ON, GIVE STREET	A. STATE B. COU Mayland C. CITY OR TOWN Baltimore		G-0/ SIDE CITY LIMITS? YES NO NO
1 yould	(onvalescent	Home		e. STREET AND NUMBER 2930 Fayet	te Street	
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs. Months: Days Hours Min.
Female	White	WIDOWED	DIVORCED	Eab 10 1802	7-7	World State of State
OA. USUAL OCCL	PATION (Give kind of world	108. KIND OF BL	SINESS OR INDUSTRY	11. BIRTHPLACE (Stote of fo	reign country)	12. CITIZEN OF WHAT COUNTRY
one during most of v	vocking life, even if retired)			Balto. Md.		U.S.A.
3. FATHER'S NAM	AE			14. MOTHER'S MAIDEN NA	AME	
	0-1					
5 Was Dansard	Uelmann Ever in U. S. Armed For	13.7	SOCIAL	Unknown		A D D 0 5 5 5
Yes, no or unknown)	(If yes, give wor or dote	s of service)	SECURITY NO.	17. INFORMANT		ADDRESS
No			-	Mrs. Virginia	r (reamer	
18.	191		CAUSE OF DEAT		t (recurrent	APPROXIMATE INTERVAL
Sylvan	r do countrion of	OF COLUM				BETWEEN ONSET AND DEATH
	E OR CONDITION DI LEADING TO DEATH	KECILY		P.116	0- (11	2 1
		dvina e a	(A) IMMEDIATE CAL	SE flyshered wire	ulation Colore	ou of days,
(This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the diseose,						
injury ar camplication which coused death.)						
A	ANTECEDENT CAUSES				(dremi	weeken.
DISEASES	R CONDITIONS, if	ony giving	(B)	A CONSEQUENCE OF:		
rise to the	obove couse (A) CONDITION lost.		(c) Preum	thing Track	- Sepetini	months.
	- 11			F: 11 / 1 d	// .	
TO THE DEAT	II ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR	HE TERMINAL	Ostroposon	& Chrome Bran	Syndrom	mosths,
19A. DATE OF		DITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or h	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRIBUTED DEATH (notify	IT WAS UNDERLYING TING CAUSE OF	218. PL. home, etc.)	ACE OF INJURY (e.g., inform, factory, street, of	n or obout 21C. WHERE DID	(If in Boltimo	re City, give exoct locotion)
21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E. IN	JURY OCCURRED	21F. HOW DID IN	IIII DY OCCUP?	
S OI HEJORI	(100)	While			IJURI OCCUR:	
(APPROX.)		Work	At Work			
22 Learnify	that (1) (this bearies) attended the	danaged from	3/3//	10 70 4	12/7/10 70
22. 1 Cerrity	that (1) (this haspite	oriended the	deceased from / 2 /	2/2		19.19
that (I) (we)	last saw the decease	d alive an		// 19/0 and 1	that in (my) (ow) opi	inian deoth accurred on the do
and hour and	from the causes sta	red above. (1)	(did not) v	iew the bady ofter death		
23A. SIGNATU					•	23B DATE SIGNED
11/	1 - h 4		Atte	nding Med.	Shaff	12/2/2
100	ws DD	undley/	DEGREE Phys	nding Med.	Phys.	12/9/10
23C. PHYSICIA NAME (Ty	N" S	1		23D. ADDRESS	4	
	rt B. Bradle	ev. M D		4900 Bela	air Road	21206
			DEGREE			
REMOVAL (S Burial			E of CEMETERY or CRE			ity, lown, or county) (Stote)
		, 000	kwood (emete	MASO FUNCTAL DIA-COO	Baltimore M	d. Appare
EC14 1	BY HEALTH DEPT.	Sacras PE	O'RAN)	John C. Mit	ler Inc641	d. ADDRESS 5 Belair Rd21200
'S 150-REV. 1/1/6	В	1,815				



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

19		BALTIMORE CITY	HEALTH DEPARTMENT	ş.m	90 40000			
BIRTH NO.	30 70 12	J63 CERTIFICA	TE OF DEATH	REG. NO.	0 12063			
I. NAME OF			2. DATE AND	HOUR OF DEATH	and P			
(Type ar Print	EMMA SUS	AN SMIT	H 12-	11-1970	1 9 0 M.			
3. PLACE IN	BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	A. STATE B. COUNT	Υ	ution: residence before admission)			
FULL NAMI HOSPITAL C INSTITUTION	ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR TOWN	BALTIMOR.	E 2/2/9			
HAN		CONVALESCENT	SYARROWS E. STREET AND NUMBER	Y!	ES NO X			
90	Home - 4700 H.	ARFORD Rd	1102 H	STREET	53-00			
5. SEXT	6. RACE 7. MARI	RIED NEVER MARRIED	100	AGE (In years III	Under 1 Yr. If Under 24 Hrs.			
FEMAL	E WHITE WIDON	WED DIVORCED	OCT. 15, 1883	87				
	OCCUPATION (Give kind of work 10B. KIN ast al working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n cauntry) 1	2, CITIZEN OF WHAT COUNTRY?			
done during m	HOUSENI	FE	W. VIRGINI	19	D. S.A.			
13. FATHER'S			14. MOTHER'S MAIDEN NAM	E				
	SHOP UNI	C. THOMAS	NANY	114175				
	ased Ever in U. S. Armed Farces?	16. SOCIAL	17. INFORMANT	UNITE	ADDRESS			
Nes, no or uni	(nawn) (If yes, give war ar dates of serv	71-3-09-1488D	WANDA KEIN	4 - (SAME	H 4 MBOVE)			
18. 4	12.49125019	CAUSE OF DEATI	H //		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
D	LEADING TO DEATH	- STY	in chopmin		7 aggres			
	nes nat mean the mode of dying, iture, asthenia, etc. It means the dise		A CONSEQUENCE OF:	Λ				
	complication which caused death.)	ase,	in allow of in	C. V. Livea	ne 10 ym			
	ANTECEDENT CAUSES	CVY XVV	at way su ac					
	ES OR CONDITIONS, if any, gi	viii g	A CONSEQUENCE OF:					
	the abave cause (A) stating LYING CONDITION last.	(C)						
		^	1 11	17				
₹ TO THE	GNIFICANT CONDITIONS CONTRIBUTED TO THE TERMINE		uter mellet	in	?			
	OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINE	DINGS CONSIDERED			
DA 19A, DA	WAS PERFORMED		No	IN CERTIFYING CAUSE	S OF DEATH?			
OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, of etc.)	n ar about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimare C	lly, give exact lacation)			
OF INJU		21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?				
(APPROX		While At Not While At Wark	• 🗆 /	4	2			
22 50	reify that (1) (the bearital) attend		Tetolier 15 10	To a Alex	Cember 11 1920.			
	(VI) a de l'III a							
and haur and fram the causes stated above. (+) (We) (did) (did nat) view the body after death. 23A. SIGNATURE								
Collan Juil DEGREE Attending Phys. Med. Staff Phys. 12/13/20								
	SICIAN'S ME (Type)		23D. ADDRESS		1			
A.A	LAN SPIER, H	C.D.	1501 YEATR	IDGE Rd.	BALTO. nel			
24A. BURIAL	CREMATION, 248. DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City,	town, or county) (Stole)			
RURI	AL 12-15-70	LANNWOOD	MOR	CANTOWN	W. VA.			
25A. DATE R	EC'D BY HEALTH DEPT. 258. NA	ME OF REGISTIFAR	25C. FUNERAL DIRECTOR	BOD	O ADDIESS LOS			
DEC	14 1070 P. G. & E. Ja.	Carl Load	Ju. Broch	Modley, L	brelows, of			



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approved by the chief medical examiner or his assistant if death occurred to the hospital by a medical examiner. Also, if the direct or contributing of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined rall (except where the physician who pronounced death was in regular th); and (6) No physician was in regular attendance on the deceased pribe obtained before the remains are embalmed or final disposition is made.
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This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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D-260 70 12064		TE OF DEATH REG. NO	70 12064			
(Typo or Print)	D	2. DATE AND HOUR OF DEATH				
DECKER, FANNIE		12 11 70	12:20 Pm			
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceded lived. II	institution: residence before admission)			
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION	INSTITUTION, GIVE STREET	MARYLAND BALTIMORE (C. CITY OR TOWN	SIDE CITY LIMITS?			
CT ACNES HOS	DITAL	XXXXXXXXXX ARBUTUS	YES NO X			
HO ST AGNES HOS	PITAL	E. STREET AND NUMBER 1324 POPLAR AVENUE				
FEMALE WHITE WIDE	RRIED NEVER MARRIED DWED DIVORCED	9 26 78 9. AGE iln yeors lost biglihooy	II Under 1 Tr. II Under 24 Hrs. Months Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 108, KII done during most of working life, even if relired)	ND OF BUSINESS OR INDUSTRY	WASHINGTON D C	12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0,0,4,			
GEORGE BLASS		MARY XXXXXXXXXXXXXXX CAI	LDWALDER			
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT BALTO MO 2	1779 ADDRESS			
	215071711	ST AGNES HOSPITAL WILK	CENS & CATON			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D.TIME (Month) IDay) (Year) (Hour) OF INJURY (APPROX.)	FOR WHICH OPERATION La dure Juntum 218. PLACE OF INJURY (e.g., in home, form, factory, sheet, of etc.) 218. INJURY OCCURED While At Not While At Wark	A CONSEQUENCE OF: WA feel Drue fully A CONSEQUENCE OF: Sipiral Office of No. 208, IF YES, WERE IN CERTIFYING CA 1 or obout 21C, WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	<u> </u>			
22. I certify that (1) (this haspital) attended	ded the deceased from	11 29 19 to 1	2 11 19 /0			
that (I) (we) last sow the deceased allve	on 12 11	19and that in (m) (cour) opi	Inion death occurred on the data			
	1 500	lew the body ofter death	and accounted on the gale			
ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED						
Markan aya	Alter	nding Med. Staff	10/11/2			
23C. PHYSICIAN'S	DEGREE Phys	Director Phys.	1/1/10			
NAME ITYPE) P SA BANAYAGAM	MD	ST AGNES HOSPITAL WILK	ENS & CATON			
24A. BURIAL CREMATION, 24B. DATE 2.	4C. NAME OF CEMETERT OF CRE	MATORY 24D. LOCATION IC	ity, town, or county) (State)			
Burial 12-14-1970	Loudon Park Cemet	ery NXXXX Baltimo	re. Maryland			
25A. DATE REC'D BT HEALTH DEPT. 258. NA	ME OE REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS			
DEC 1 4 1970 Passe & E Jan vs 150-REV. 1/1/68	Ben Ald.	Howard H. Hubbard, 4107	Wilkens Ave. 21229			

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VS 150-REV. 1/1/68

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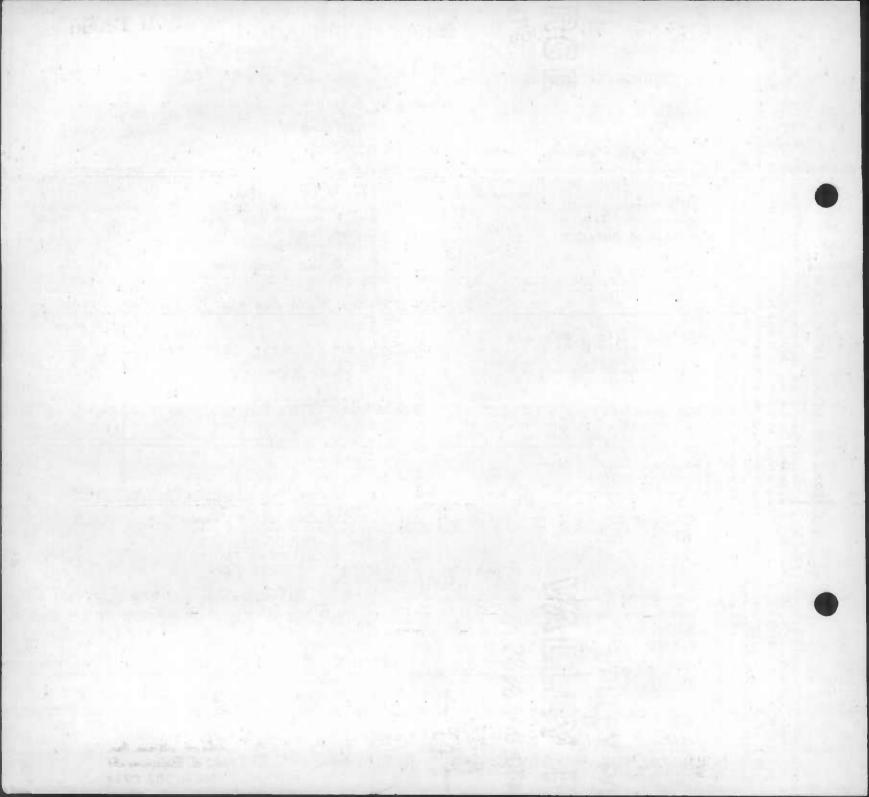
	1-11:16	ATE OF DEATH REG. NO.							
and eath ased the Such	BIRTH NO. 1. NAME OF DECEASED	ATE OF DEATH							
6 2 10	(Type or Print) SALCHUNAS, ISABELLE ROS	DE CEMBER 12, 1970 6:00 Am.							
of do	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived If institution residence before admission) A. STATE B. COUNTY							
hospi se o (5) D ance deat	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 25.51 21229							
cau use; tende	INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
in gg g dus	ST AGNES HOSPITAL CATON & WILKENS AVENUES	BALTIMORE YES NO							
ting d cau d cau prior	BALTIMORE, MARYLAND 21229	923 CALWELL ROAD							
tribu mine gula sed mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years Il Under 1 Yr. , If Under 24 Hrs.							
contribution to the contribution regulation is ma	FEMALE WHITE WIDOWED DIVORCED	11 01/17/07 63 1 1							
th dete in on i	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR								
	HOUSEWIFE	MARYLAND U.S.A.							
direct or direct or ; (4) Unc th was on the d dispositi	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
dir dir	ALOYSUS RITGERT 15. Wos Deceased Ever in U. S. Annod Forces? 16. SOCIAL	MARY DONNELLY							
0 0 0 0	(Tes, no of unknown) (If yes, give wer of dotes of service) SECURITY NO.	17- INFORMANT BALTO MD 21229 ADDRESS							
	No 217-14-1234	ST AGNES RECORDS CATON & WILKENS AVES							
s ce ce	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
Also e of noun atte	LEADING TO DEATH								
F . 50 - 5	heort failure, asthenia, etc. 11 means the disease.								
ner act	injury at camplication which caused deoth.)								
A fr who reg	DISEASES OR CONDITIONS, if any, giving (B) Myo Cardial Infarction (B) DUE 19, OR AS A CONSEQUENCE OF:								
0 X 0 - 0	underlying condition last.								
lical cal e ns; (3 ician ician as ir	(c) Constitute Constitute (c)								
D= ES ≯ E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A))							
med y bu phy ian e re		Ellineria "							
a a lood he he he th	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
by chi by chi (2) Bo re th physi fore t	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, company)								
+ B : 0 0 0	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, of DEATH (notify medical examiner)	office bldg. INJURY OCCUR?							
0 2 5 3 0	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?							
	(APPROX.) While At Not Whi	10							
00 20 24	22. I certify that XIX(this hospital) attended the deceased fram DECEMBER 3 19 70 to DECEMBER 12 19 70								
of a	that M) (we) last saw the deceased alive an DECEMBER 12 19 70 and that In(My) (aur) apinian death accurred an the date								
leased to leased to ident of hospital o death)	and haur and from the causes stated above.XM (We) (did) XdXd/nXt) view the bady after death.								
dent dent despit deat must	23A. SIGNATURE	23B, DATE SIGNED							
a horizon	23C. PHYSICIAN'S								
was r An a L at c prior	NAME (Type)	23 D. ADDRESS							
rificate my was related. (1) An accidence at a businer to approval	GEORGE S PATRICK, MD DEGREE 24G. NAME of CEMETERY OF CR	CATON & WILKENS AVES BALTO MD 21229							
boody 5: (100 dsee	REMOVAL (Specify)	total to the state of the state							
This certificate must be appr the body was released to th shows: (1) An accident of any was D.O.A. at a hospital (ex deceased prior to death); a written approval must be ob	Burial 12-15-1970 Loudon Park Ceme	Baltimore, Maryland 255C-IFFINERAL DIRECTOR ADDRESS							
the shark	DEC 14 1970 068e E. Vassey P. A.	Howard H. Hubbard, 4107 Wilkens Ave. 21229							
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FUNERAL DIRECTOR: IMPORTANT

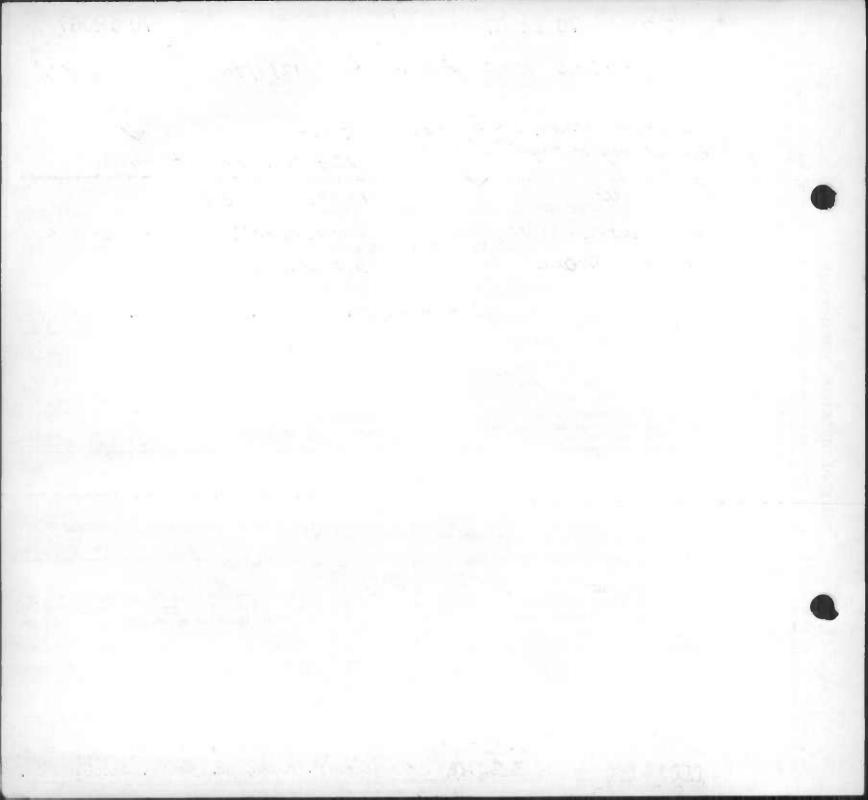
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

0	BALTIMORE CITY	HEALTH DEPARTMENT	AO LOS				
C-462 70 12066	CERTIFICA	TE OF DEATH	reg. No. 70 12066				
I. NAME OF DECEASED		2. DATE AND HO	UR OF DEATH				
(Type or Print) Belle M.	Clark	Dec. 9	. 1970 6:00 A. M.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	A. STATE B. COUNTY	eosed fived. If institution; residence before odinission)				
FULL NAME OF (IF NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	Maryland	9-01				
HOSPITAL OR ADDRESS OR LOCATION)		C.CITY OR TOWN Daltimore	Baltimana				
20/2 11:1 1		E. STREET AND NUMBER	YES X NO NO				
0 3963 Wilsby Aven	ше	3963 Wilsby Ave					
	RIED NEVER MARRIED DIVORCED DIVORCED	11/6/80 9. AG	E (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
10A, USUAL OCCUPATION (Give kind of work 10B, KIN) done during most of warking lite, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign con	12. CITIZEN OF WHAT COUNTRY?				
Seamtress retired		Maryland	USA				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
McKay		Maria Pembroon	ke				
15, Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
No	212-10-5198	Mrs. Ruth Russel	1 3963 Wilsby Avenue				
18.	CAUSE OF DEAT	Н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		A soft a suit a - a ?					
(This does not mean the made of dying,		A CONSEQUENCE OF:	sic cardio- 10 yrs.				
heart failure, asthenia, etc. It means the dise injury or complication which caused deoth.)	ase,	vascular dise	ease				
ANTECEDENT CAUSES	Brone	ho-nneumonie	2 days				
DISEASES OR CONDITIONS, if any, gi	3	ho-pneumonia A CONSEQUENCE OF:					
rise to the abave cause (A) stoting UNDERLYING CONDITION tost.	(C)						
11	(-),						
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATION OF THE TERMINATI							
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	T20A ALITOPSY2 (Yes of No.) 20R	IF YES, WERE FINDINGS CONSIDERED				
WAS PERFORMED	OK WHICH OFERAJION	No IN	CERTIFYING CAUSES OF DEATH?				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	in or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore City, give exact location)				
D 21 D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY C	CC1187				
OF INJURY (APPROX.)	While At Not Whi	le 🗖					
	Work L At Work		O 10 December 9, 19 70				
22. I certify that (1) (this hospital) attend that (1) (we) last saw the deceased alive	1110						
			(my) (⊕ur) apInian death accurred an the date				
and haur and fram the causes stated above	e. (I) (we) (did) (did nor)	view the bady after death.	238, DATE SIGNED				
Il Iland	D Jan Jar Jak	ending Med. Staff Phys.	□ Dec. 10, 1970				
23C. PHYSICIAN'S	DEGREE ""	23D. ADDRESS					
NAME (Type) Lloyd E. Sa	aylor, M. D.	3902 Greenmount	Avenue				
24A. BURIAL CREMATION, 248, DATS /70 24	C. NAME of CEMETERY of CR						
REMOVAL (Specify) 12 12/10	udon Park (eme	tery Baltimo	one. Manuland				
25A. DATE REC'D BY HEALTH DEPT. 258. NA.	4 4	219 FUNERAL DIRECTOR	John A. Moran, Ina. ADDRESS				
DEC 14 1970 (16 Bee & Com	Ben Are		000 E. Baltimore St.				
VS 150-REV. 1/1/68		1	Saltimore, Md. 21224				



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

0 10 100	BALTIMORE CITY	HEALTH DEPARTMENT		70 30007
5-620 70 120	67 CEPTIFICA	TE OF DEATH	REG. NO.	70 12067
BIRTH NO.	CERTIFICA	TE OF DEATH		
I. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type of Print) SAUERS, M.	PS EdNO	6 1210	170	030
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONO UNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. Il i	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR II	LICETIES HOTHERS	A. STATE B. COUN	114	6 81
HOSPITAL OR ADDRESS OR LOCATION	NSTITUTION, GIVE STREET	C, CITY OR TOWN	10. 10.10	IDE CITY LIMITS?
CHURCH HOME &	Hospital	BAlto.	D. 1143	YES NO
Broadway x Fayer	te 21721	E. STREET AND NUMBER		
		128 N. O.	ecker h	verue
5. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	1 1	9. AGE (In yours last birthdoy)	Months Doys Hous Min.
/ WIDO	WED DIVORCED	10/24/11	59	Tributa Pays
10A, USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired hine	Operator	MARYLAN	VD	AMERICA
	ison (Lothes	14. MOTHER'S MAIDEN NAM	AE	
HENRY MAKE		UNKNOWN	/	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No.	217-22-7362	Mr. William H	Saugna 1	28 N. Decker Ave
18. 4/2 4-1	CAUSE OF DEATH	H	· Occurros i	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	1/			BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	SE CVA. emb	olism R	24 km
(This does not mean the made of dying, head failure, asthenia, etc. It means the dise injury or camplicolian which caused death.)	E.G., DIJE TO OR AS	A CONSEQUENCE OF:	atellela	620 he,
ANTECEDENT CAUSES	CAN	with the	(Con	122 4
DISEASES OR CONDITIONS, if any, gi	(B)	A CONSEQUENCE OF:		TW
rise la lhe abave cause (A) staling UNDERLYING CONDITION last.	the (c) AS CA	4D, O Keel	itus (?)	12/2 unlans
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL		*	
119A-DATE OF OPERATION 119B. CONDITION &	OR WHICH OPERATION	20A. AUTOPSY? (Yos or No)	208, IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., in hame, form, lactary, street, of etc.)	or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimar	e City, give exect facation)
21D-TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
S OF INJURY	While At Not While			
	Work At Work		· · · · · · · · · · · · · · · · · · ·	17 -9
22. I certify that (I) (this haspital) attend that (I) (we) last sow the deceased alive	13 0	7.	9 70 to	12-19-10
	VII	19and tha	in (my) (our) opl	nion death occurred on the date
and hour and fram the causes stated abov	e. (i) (ne) (aid net) v	lew the body after death.		AAD DARE SIGNED
// //	Atter	nding Med. D S	Sheff D	23B, DATE SIGNED
23C. PHYSICIAN'S	M. D. DEGREE Phys	Adding Med. Director Director P	Shaff Phys.	14-9-70
NAME (Type)	10.41-		144	1 - 5
WILMA B. MANI	A GO M.D. DEGREE	CHUREH ,	HOME &	tOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CRE	MATORY 24D. LO	CATION / (Ci	ly, town, or county) (State)
Burial 12/12/170	Oak Lawn Cemete	ery Balt	imore. Man	yland O E. Baltimone St.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAI	ME OF REGISTRAR	25C FUNERAL DIRECTOR	. () 200	ADDRESS
DEC14 1970 P.C. OE 3	willing M. O.	Joint Ti. Horai	n, Inc. 5001	C. Baltimore St.



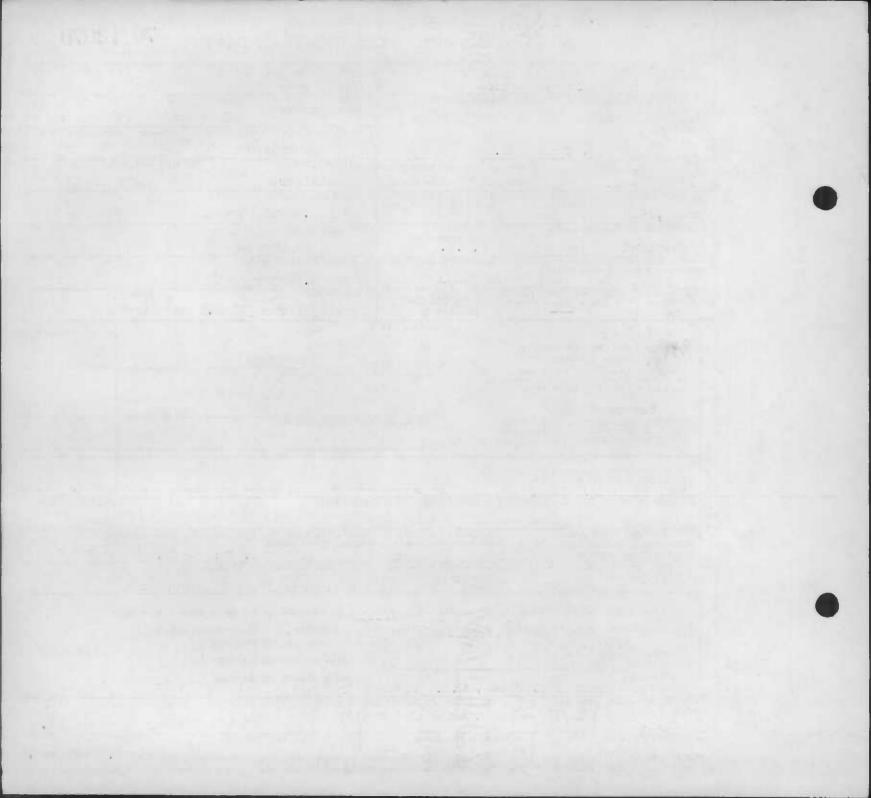
1	-531	E CITY HEALTH DEPARTMENT 70 12068
	IRTH NO. 1/0 23259	ICATE OF DEATH REG. NO.
	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
3.	CHANULER, BABY BOY A	Andrew Joseph DECEMBER 11, 1970 2:00 A.
		4. USUAL RESIDENCE IWhere deceased lived, It institution: residence before admission) A. STATE B. COUNTY
FL	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) AND THE CONTROL OF THE CONTRO	a direction of the contract of
	ST AGNES HOSPITAL	RANDALLSTOWN YES NO X
	. /	E. STREET AND NUMBER
_	GATON & WILKENS AVENUES BALTIMORE, MARYLAND 21229	3715 LAMOINE ROAD
	SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	12/09/70 dest bishday) Months Doys Hours Min.
lor	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (State of Toreign Country) 12. CITIZEN OF WHAT COUNTRY
		MARYLAND U.S.A.
3.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	FRANCIS CHANDLER	DIANE DESAIX
5. Ye	. Wos Deceosed Ever in U. S. Armed Forces? es,no or unknawn) (If yes, give wor ar doles of service) 16. SOCIAL SECURITY NO.	17. INFORMANT BALTO MD 21229 ADDRESS
	NO None	ST AGNES RECORDS CATON & WILKENS AVES
	18. 776. / 1 CAUSE OF E	DEATH APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
	(This does not mean the made of dving a a (A) IMMEDIAT	TE CAUSE DARDIO-RESPIRATORY DR AS A CONSEQUENCE OF:
	heart failure, astheria, etc. It means the disease, injury ar complication which caused death.)	* * * * * * * * * * * * * * * * * * *
	ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, if any, giving (B) (C) EV	FRE HYALINE MEMBRANE DR AS A CONSEQUENCE OF:
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	DISEASE.
	11	
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ERTIFICATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	**************************************
TIFE	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
S.	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY	(e.g., in or oboy) 21C, WHERE DID
A	OR CONTRIBUTING CAUSE OF home, farm, foctory, streeted	affice bidg. INJURY OCCUR?
MEDICAL	21D. TIME (Manth) (Doy) (Yeor) (Haud) 21E INJURY OCCURRED	D 21F. HOW DID INJURY OCCUR?
3	[(APPROX.)	While
	22. I certify that (1) (this hospital) attended the deceased fram	DECEMBER O 1070 - DECEMBER 1
	that (X) (we) last saw the deceased alive an DECEMBER	
- 1	and haur and from the causes stated abave. (1) (We) (did) (did)	The day of the state of the sta
	23A. SIGNATURE	23 R. DATE SIGNED
	/ Hymania	Attending Med. Staff
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
	IDRG# & GARCIA	ST AGNES HOSP
4A	A. BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY OF REMOVAL (Specify)	
	Burial Dec. 14, 70 Holy Family	
5A	DECTA BIN TUBE BE VARE TONO	25C FUNERAL DIRECTOR
	The state of the s	Loring Lyers Peneral Directors 8728 Liber7y
5 1	150-REV. 1/1/68	

ne state of the Patient Control of

. 1	100	11	Hio.		BALTIMORE CIT	Y HEALTH DEPARTA	MENT		50 1	JORIO.
re de ta	BIRTH NO.	00	/U	1509	E CERTIFICA	TE OF DEA	HTA	REG. NO.	70 1	5068
dea deas n t	1. NAME OF		Est R	P	ACHE		DATE AND H	OUR OF SEATH	1 , 4	2:05 A
O	3. PLACE IF	BALTIMORE, MA	ARYLANO, WHE	RE PRONOU	NCEO DEAD	4. USUAL RESIDEN	ICE (Where de	ceosed lived. If in	stitution: reside	ence before admission)
hos (5) an de	FULL NAM HOSPITAL O	DR ADDRE	T IN HOSPITAL	OR INSTITU	TION, GIVE STREET	Maryland C. CITY OR TOWN		la misi	27	-88-
F 3 2	811	1/A/ .	400	A A	BALT	Baltimor	re ,	D. INSI	YES T	NO
tributing mined ca gular at sed prior	Sinai Hospital, Baltimore,					BOYS	UMBER	4 W 28	of A	d Avenue
	5. SEX	6. RACE	VAL V	VIDOWED		1-27		orthdox	If Under 1 Months Do	Yr. If Under 24 Hrs. ys Hours Min.
or conndeternation is	done during m	OCCUPATION Give, or uffeur	ven if retired)		BUSINESS OR INOUSTR	11100	oranje	Virgi		OF WHAT COUNTRY?
	13. FATHER'					14. MOTHER'S MAI			100.	
7 - 3			eorge Her				Addi	e Blanche	(Unkn	own)
the di the di kind; death nce on final d	(Yes, no or uni	nown) (If yes, give	Armed Forces: wor or dotes of	? [service)	16. SOCIAL SECURITY NO. 213-14-2242	WIF.E	irginia	GINTA;	3915	Alm eve
R 4 200.	18.	22/1			CAUSE OF DEAT	Н ,		1	A	PPROXIMATE INTERVAL
C 0 + E 0 D	D	LEADING		TLY	CA	RCINO	ma	Lun,		THE STATE OF A STATE O
	(This de	es nat meon th lure, osthonio, et	e mode of dy	ing, e.g.,	(A) IMMEDIATE CA	A CONSEQUENCE OF:			>	
iner. actu pro ular mba	injury a	camplication wh	nich caused do	ath.)						
A fr who reg	DISEAS	ANTECEDEN S OR CONDIT		eiving	(B)	A CONSEQUENCE O	F:			0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-
(3) (3)	nse lo	the above of	couse (A) sto	aling the	(c)					
dical lical rns; sicia was	_	[]			(0/			*****************		***************************************
0 0 3 7	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVENIN PART (FALL) 19A- OATE OF OPERATION 17E. CONSIDERED 20A- AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINGINGS CONSIDERED									
by a me by a me 2) Body br re the phy physician fore the re	U 19A. OAT	OF OPERATION	17E GONDHA	ON FOR W	HICH OPERATION	20A AUTOPSY? (Y		IF YES, WERE F	INOINGS CO	NSIDERED
ch th thys	U 21A. AC	30/10		Ceus	34			CERTIFYING CAL		
+ 0 0 0	■ DEATH (CIDENT WAS UNTRIBUTING CAN	USE OF	hame olcu	LACE OF INJURY le.g., form, foctory, street, o	ffice bldg., INJURY OC	CUR?	(If In Boltimore	City, give ox	oct location)
Q = ≥ D	21 D. TIM OF INJU	E (Month) (E	Poy) (Yearl (H	loud 21E.	NJURY OCCURRED	21 F. HOW	DIO INJURY	OCCUR?		
0 2 0 0 -	E (APPROX	All and a second		While				7. (1)	1.	
the ny an an obt	22. 1 ge	rtify that (1) (th	is hospital) at	ttended the	daceasod from	11108	19	10 10	110	19 70
to ap of a		(we) lost sow th			12/10	19/0	_and that in	(my) (out) aply	ion death a	ccurred on the date
assed to dent of lospital death) must be	23A. SIGI	ATURE	auses stated	abaye. (1)	(We) (did) (did not)	lew the bady after	death.		23B, OATE SI	GNED /
20.22	0	4	Cu.	SAL	Dha	ending Med.	Stoff Phys		12/1	0/70
0 - 0 >	23C. PAY	AE (Type) JOS	eph Set	imany	ar ours	230. AOORESS	JAI F	/ ^	inaj Ho	ospital
certificat body was vs: (1) An D.O.A. at assed pric	24A. BURIAN	CREMATION, 24	B. DATE	24C.NA	ME of CEMETERY OF CR	MATORY	24D. LOCATI	, 0 - 1 1	altimos	
This certif the body shows: (1) was D.O deceased written a	5 000	AL (Specify)	12/14/70		e View Memor			ille, Car		
the boc shows: was D. deceas	25A. OATE R	EC'O BY HEALTH.			REGISTRAR	25C. FUNERAL O	RECTOR		-	AODRESS
~ ~ v > ∪ >	VS 150-REV.		Bert E. Je	willing M	900	2 Lorin B	wers, 87	28 Libert	y Rd. I	Randallstown

Pause of Teacher ends i ...

VS 151-REV. 1/1/68



11-50	0 70 1	207		HEALTH DEPARTMENT		70 12071		
I. NAME OF DEC	EASED			2. DATE	AND HOUR OF DEAT	н		
3. PLACE IN BAL	TIMORE MARYLAND, V		ARGARET D	DE DESIDENCE OF	CEMBER 10	, 1970 9:25A Minstitution: lesidence before odmission		
				A. SIATE B. CO	DUNIT	Annual Contract of the Contrac		
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC.	AL OR I	NSTITUTION, GIVE STREET	C. CITY OR TOWN	BALTIMOF	KE ISIDE CITY LIMITS?		
40	ST. AGNE	SHO	SPITAL	BALTIMORE		YES NO K		
-/-				2853 Tenn.	Avenue 212	27		
FEMALE	WHITE	WIDO	RIED X NEVER MARRIED DIVORCED DIVORCED	02/14/96	9. AGE (In years lost birthday)	Il Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.		
done during most of v	JPATION (Give kind of work working life, even it refired)	10B, KIN	D OF BUSINESS OR INDUSTRY	MARYLAND	loreign countryl	U.S.A.		
13. FATHER'S NAM	AE			14. MOTHER'S MAIDEN	NAME			
SAMUEL	ALASWA CTA			Gennie	?			
15. Wos Doceosod	Ever in U. S. Armed For	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
NONE			215-10-3018	ST. AGNES	HOSPITAL F	RECORDS		
DISEASES O rise to the UNDERLYING	R CONDITIONS, if abave couse (A) CONDITION lost.	Stoting	(C)	A CONSEQUENCE OF:	tent			
OTHER SIGNIFI TO THE DEATH DISEASE OR CO	OPERATION GIVEN IN PAR OPERATION 19B CON WAS PERF	DITION	OR WHICH OPERATION	20A. AUTOPSY? (Yes or YES		FINDINGS CONSIDERED AUSES OF DEATH?		
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF		218 PLACE OF INJURY (e.g., in home, lorm, foctory, street, alfield.)	or about 21C, WHERE DID	(lif In Boltimo	ore City, give exect location)		
-	(Month) (Doyl (Year)	(Hour)	21 E INJURY OCCURRED While At Work Not While At Work		NJURY OCCUR?			
22. I certify that (I) (we)	hat (I) (this hospital) attend d alive	ed the deceased from DECEMBER 10	CEMBER 6		CEMBER 10 19 70		
and haur and	fram the causes stat	ed abav	e. (i) (We) (did) (did not) vi	ew the body after deat	h.			
23A. SIGNATURE Attending Med. Shaff 2/10/70								
23C. PHYSICIAN NAME (Ty	25	-	DEGREE F179	D. ADDRESS BALT ST. AGNES H	MORE, MAR	YLAND 21229 E WILKENS AVES.		
24A. BURIAL CREM REMOVAL (S)	AATION, 24B. DATE	24	C. NAME OF CEMETERY OF CREA			ity, town, or county) (Stote)		
Burial	12-14-	70	Hely Cross Cemete	ry	Beltimore,	Md.		
2SA. DATE REC'D	PERE	258. NA	ME OF REGISTRAR	McCully-2	or, 37) Petapsco A	ADDRESS ive. Balto. Md.21225		

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IMPORTANT FUNERAL DIRECTOR:

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	3-200 70 12072	BALTIMORE CITY	HEALTH DEPARTMENT		70 40000
B	MH NO.	CERTIFICA	TE OF DEATH	REG. NO.	70 12072
	NAME OF DECEASED V. PP OF PANK SHEETS		2. DATE	2 11 70	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	ICED DEAD	4. USUAL RESIDENCE (WI	nere deceased lived. It in	7.30 P M
FHI	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUT OSPITAL OR ADDRESS OR LOCATION)	ON, GIVE STREET	Mary land		12-07 DE CITY LIMITS?
1	Lluion Memorial Hospi	tal	E. STREET AND NUMBER 217 W		YES NO
	MIDOWED X		8. DATE OF BIRTH 04 11 1900	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
do	N. USUAL OCCUPATION (Give kind of work 108, KIND OF B the during most of working life, even if refired)	USINESS OR INDUSTRY	11. BIRTHPLACE (State or for Mary lan	1	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	FRANK T. SHEETS		Anna K.	STERN	
15. (Ye	Wos Deceosed Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
L		120-07-9805	FAMI /Y		Sume
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g., heart failure, asthenia, etc. it means the disease,	(A) IMMEDIATE CAU		, arest	APROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	injury or camplication which caused death.)	0			
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving rise lo the above cause (A) stating the	(B) Les	A CONSEQUENCE OF:	***************************************	104000000 00 x00000000000000000000000000
	UNDERLYING CONDITION last.	(c)		*****	1000mmmm
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	b 0		
CERTIFIC	19A-DATE OF OPERATION 19B- CONDITION FOR WHI	ICH OPERATION	20A. AUTOPSY? (Yes of N	ON 208 IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21B. PL. home, etc.)	ACE OF INJURY (e.g., in form, foctory, street, olf	or about 21C. WHERE DID ce bidg., INJURY OCCUR?	(It In Boltimore	City, give exact facation)
MEDI	21D. TIME (Month) (Doyl (Year) (Hour) 21E, IN While Work	At Not White	21 F. HOW DID IN.	TURY OCCUR?	
	22. I certify that (I) (this hospital) attended the		11161	19 70 to 12	19 70
	that (1) (we) last saw the deceased alive an	12111	19. 70 and th		an death accurred on the date
	and have and fram the causes stoted above. (1) (1	We) (dld) (dtd not) vi	ew the body after death.		
	23A. SIGNATURE	Atten Phys.	ding Med.	Staff Phys.	12 1 70
	23C. PHYSICIAN'S NAME (Type) TACQUES KHO	23	D. ADDRESS ULLION H	0	ospital
244	BURIAL CREMATION, 248. DATE 24C.NAMI	E of CEMETERY or CREA	MATORY 24D. L	OCATION (City,	town, or county) (Stotel

snele

12-15-70

25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

0.

BALT

25C. FUNERAL DISECTOR John H. HAHN,

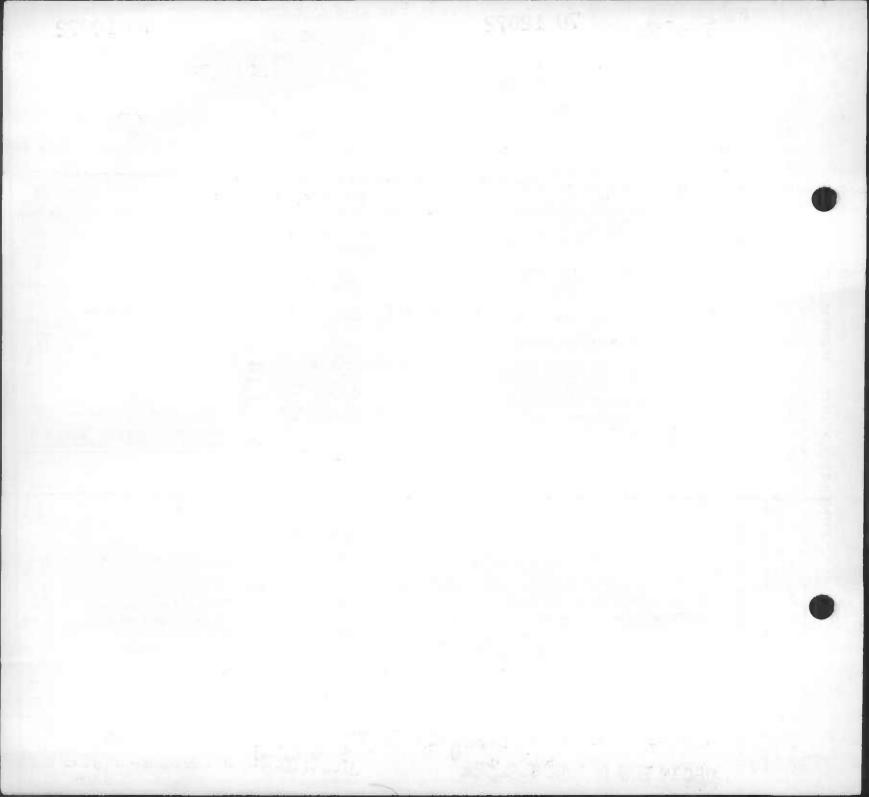
(City, town, or county)

21229,

4200 PENNINGTON

ADDRESS

2424



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BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH NEUBERGER (Type or Print) 4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR D. INSIDE CITY LIMITS? ALTIMORE YES X NO DAME HOPKINS HOSP. E. STREET AND NUMBER OSE 9. AGE (In years 5. SEX 6. RACE Il Under 1 Yr. Months! Doys II Under 24 Hrs. Hours Min, 7. MARRIED NEVER MARRIED Hours lost birthdoy WIDOWED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. ARYLAND ANITATION ! 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME RANCIS M. NEUBERGER 5. Was Deceased Ever in U. S. Armed Forces ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 212105820 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY D men LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or camplication which caused death,) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, lorm, loctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) MEDIC 21D. TIME (Month) (Dov) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this haspital) attended the deceased fram_ 19 70 to and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23B. DATE SIGNED Attending Phys Med Phys. Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE KEDEEMER (EM. G-FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/68

Bushes 12-15-70 appear Hermania Permi Burkan Line

FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased priar to death); and (6) Na physician was in regular attendance on the deceased prior to death. Such written appraval must be abtained before the remains are embalmed or final disposition is made.
RGB	This certificate must be a the body was released to shows: (1) An accident af was D.O.A. at a hospital deceased priar to death) written appraval must be

BIRT	520 H NO.	70	1207	4	HEALTH DEPARTMENT		70	12074
1.N/	AME OF DEC		izabeth	Shanks		and hour of DEATH ec. 8, 1970		11.45 A
3. P	LACE IN BAL	TIMORE MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (V	Vhere deceased lived If in	astitutions re	sidence before admission
FUL HOS INST	L NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTIT	TUTION, GIVE STREET	Md.	BALT ESSEX D. INS	0.	53-00
	US Publ	ic Health Se	rvice H	ospital	Baltimo		YES 🗌	NO G
X	3100) Wyman Parkw			1 Beech		В	
5. SE	F	6. RACE	7- MARRIED WIDOWED	DIVORCED	8. DATE OF BIRTH 7/9/96	9. AGE (In years lost birthday)	If Under Months	1 Yr. If Under 24 Hrs. Doys Hours Min.
done	during most of	UPATION (Give kind of wor working life, even if refired) USEWIFE	k 10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or I	a.	12. CITIZ	USA
13. F	Jol	hn Patterson			14. MOTHER'S MAIDEN N			
5. W	as Deceased	Ever In U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT			ADDRESS
	No	, in yes, give were or don	es of services	SECURITY NO.	Records_ U	S PHS Hospita	al. Bal	lto. Md.
	(This does not heard foilure, injury at carry) DISEASES Coise to the	SE OR CONDITION DI LEADING TO DEATH all meon the moda of astheria, etc. Il means application which coused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION last,	dying, e.g., the disease, death.)	(B) Arte:	Acute myoca	rdial infarct		approximate interval etween onset and death [erminal Unknown
F 1	O THE DEAT	II ICANT CONDITIONS CO H BUT NOT RELATED TO T	HE TERMINAL		culum cell sar kalemia	coma		? 1 yr. 1 wk.
		OPERATION 198 CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS OF D	CONSIDERED EATH?
CALC	DE CONTRIBLE	NT WAS UNDERLYING TITING CAUSE OF	21B hom etc.	ne, form, loctory, street, of	or obout 21C. WHERE DID	(It In Boltimor	e City, give	exact location)
MEDI	TD.TIME OF INJURY APPROX.)	(Month) (Day) (Year)		INJURY OCCURRED ile At Not While rk At Work	21 F. HOW DID I	NJURY OCCUR?		
		that (1) (this haspital			ov. 30	19 70 to Dec		1970
					lew the bady after deat	that in (nky) (our) opi	nion deoff	accurred an the dote
2	JA. SIGNATU	RE O	, od above. y	A (me) (did) (did) in the	lew the bady affer death	1.	23 B, DATE	SIGNED
	Kolu	JA Devyan	mm M	After Phys	Med. Director	Staff Phys.		8/70
2	NAME (T)	oert Benjamin	Surge		US PHS Hospit		i.	
24A.	BURIAL CREA	MATION, 248, DATE		AME of CEMETERY of CRE			ly, town, or	county) (Stote)
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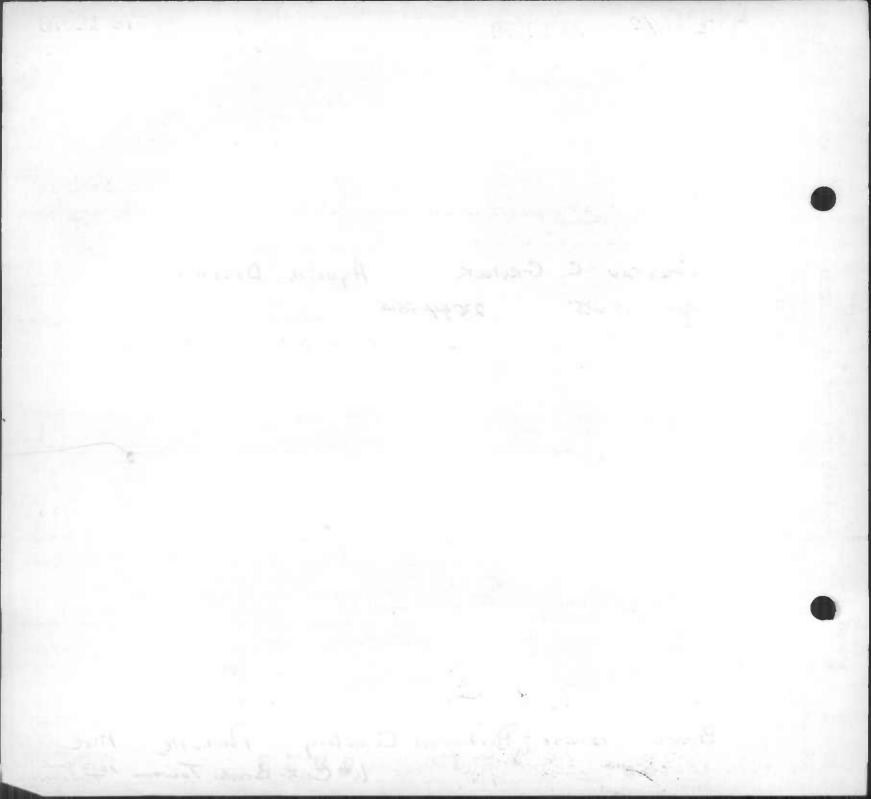
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

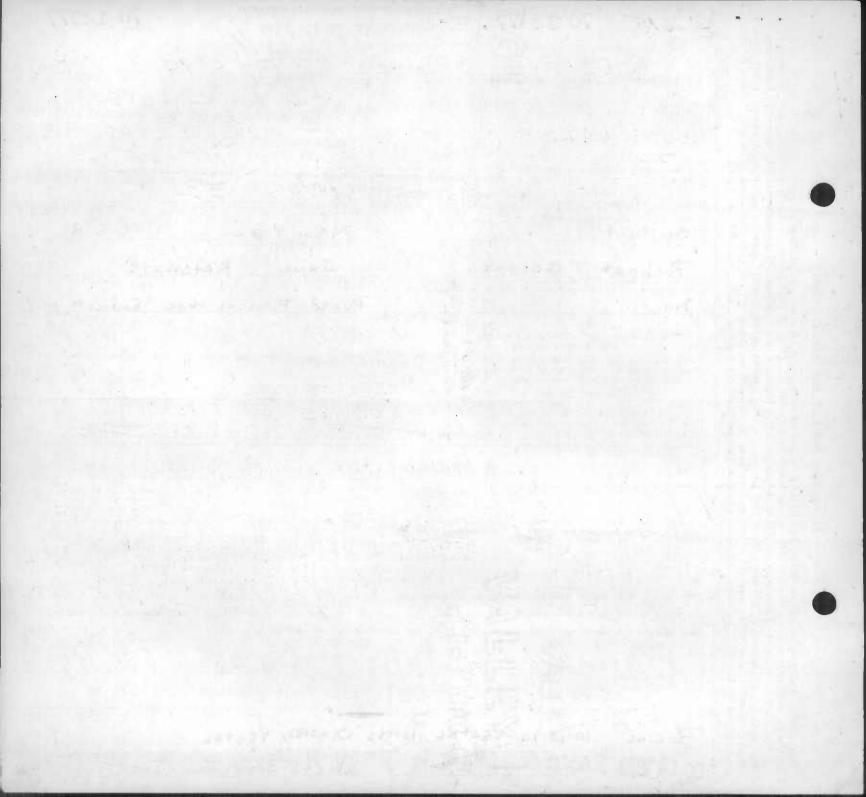
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	FULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	- 2 Balt	CITY LIMITS?
	18 MOH-		E. STREET AND NUMBER 416 Hille	YI	ES. NO .
	WIDO		8. DATE OF BIRTH 2128/92	9. AGE (In years In Not birthdoy)	f Under 1 Yr. If Under 24 Hisa lonths Doys Hours Min.
1	OA, USUAL OCCUPATION (Give kind of work 10B, KIN one during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country)	2. CITIZEN OF WHAT COUNTRY?
	Printer 60	v. Printing	md.		W. s. A
11,	3. FATHER'S NAME	U	14. MOTHER'S MAIDEN NA	ME	
	Was Deceased Ever in U. S. Armed Forces?	ULUCK 11 6. SOCIAL	Hgusta, 1	Discher	
0	es, no or unknown) (If yes, give wor or dotes of sen	230 944 2505		Discher t' sheet	ADDRESS
1	18.	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	HORER	wscienone	HEART O	SEASE
	(This does not meen the mode of dying, heart failure, asthenia, etc. It means the distinjury or complication which caused death.)	A //	SE A CONSEQUENCE OF:		700
	ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, it ony, gi	ving (B) DUE TO, OR AS	A CONSEQUENCE OF:		
	underlying Condition last.	(c)			
100	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	ING NAL			
A Clarent	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION I WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B, IF YES, WERE FIND IN CERTIFYING CAUSES	S OF DEATH?
18.0	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B PLACE OF INJURY (e.g., in home, form, foctory, sheet, off elc.)	or obout 21C. WHERE DID ice bidg., INJURY OCCUR?	(If In Boltimore Cit	ty, give exact location)
14500	OF INJURY (Month) (Doy) (Yeor) (Hour) (APPROX.)	21E INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJI	JRY OCCUR?	
	22. I certify that (1) (this hospital) attend	ed the deceosed from	18/91	9 20 to 12	110 1970
	that (I) (we) lost saw the deceased alive			ot in (my) (our) opinion	deoth occurred on the date
	and hour and from the causes stated above	e. (1) (We) (did) (did not) vi	ew the body after deoth.		
	1 Marynil		ding Med.	Staff Phys.	DATE SIGNED.
	23C. PHYSICIAN'S NAME (Type) MANE JWA	DEGREE Phys.	3D. ADDRESS	Phys, C	7 - 6/1 0
24	A. BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY OF CREA	MATORY 24D. LO	CAILON (City, to	wn, or county) (Stote)
	Birral 12-14-70	Parkwood C	emetery	PARKU:118	ma
25		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	make Trains	ADDRESS 1050 york 120
V:	150-REV, 1/1/68		1/2 C401- C	100703 7 0000	10 gran on



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BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Z 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD eat ENPICO (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN D INSIDE CITY LIMITS? YES Z NO prior E. STREET AND NUMBER BAADIS made S. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 5. SEX 6. RACE MARRIED NEVER MARRIED Months Days Hours eceased lost birthdoy WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BYRTHPLACE (State or fareign cauntry) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) NEW YORK U.S. A Student 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 0 ANE ATSARIS GRIPPEN KOBERT ठ ADDRESS 5. Was Deceased Ever in U. S. Armed Forces? SECURITY NO. 17. INFORMANT 0 Yes, no or unknown) (If yes, give wor or dotes of service) final ance PUCTRO Home FUNERAL NO AUSE OF DEATH APPROXIMATE INTERVAL 0 BETWEEN ONSET AND DEATH attend OISEASE OR CONDITION DIRECTLY med LEADING TO DEATH DUE TO, OR AS A C prono (This does not mean the made of dying, DUE TO, OR AS A CONSEQUENCE OF D hearl lailure, asthenia, etc. It means the disease OL injury or camplication which caused death.) ٩ gulo 10 are DUE TO, DISEASES OR CONDITIONS, if any, giving the abave cause (A) slaling hysician UNDERLYING CONDITION last. mains SD 3 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Cardoac Congentral TO THE DEATH BUT NOT RELATED TO THE TERMINAL hysician DISEASE OR CONDITION GIVEN IN PART 1 (A) the 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 19 A. DATE OF OPERATION WAS PERFORMED ERITONEM BLEED No 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Baltimore City, give exact location) ere ۵ OR CONTRIBUTING CAUSE OF °Z CAL DEATH (notify medical exominer) etc.) Osmital Olus 21F. HOW DID INJURY OCCUR? btained 21D. TIME OF INJURY (Doy) (Hour) 21E. INJURY OCCURRED (Month) (Yeor) 9 except Not While While At (APPROX.) catheteria Work At Work and 22. I certify that (1) (this haspital) attended the deceased fram. 19 70 ond that in (my) (our) opinion death occurred on the date that (1) (we) last saw the deceased alive an. 3 eat and have and from the couses stated abave. (1) (We) (did) (did not) view the body after deoth. ospit must 23A. SIGNATURE 23B, DATE SIGNED 0 Attending [Med. 2 Phys. Director L 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS approv prior The Johns Hopkins Hospital M.D. Larry Koep, 24C, NAME of CEMETERY of GREENWARD RY 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION (City, town, or county) ased 0.0 REMOVAL (Specify) written VESTAL HILLS CEMETERY 12-15-70 ESTAL IJURIAL ece Was ADDRESS 25 FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPL COOK- DROOKS LOWSON, INC TOWSON, MC VS 150-REV. 1/1/6B



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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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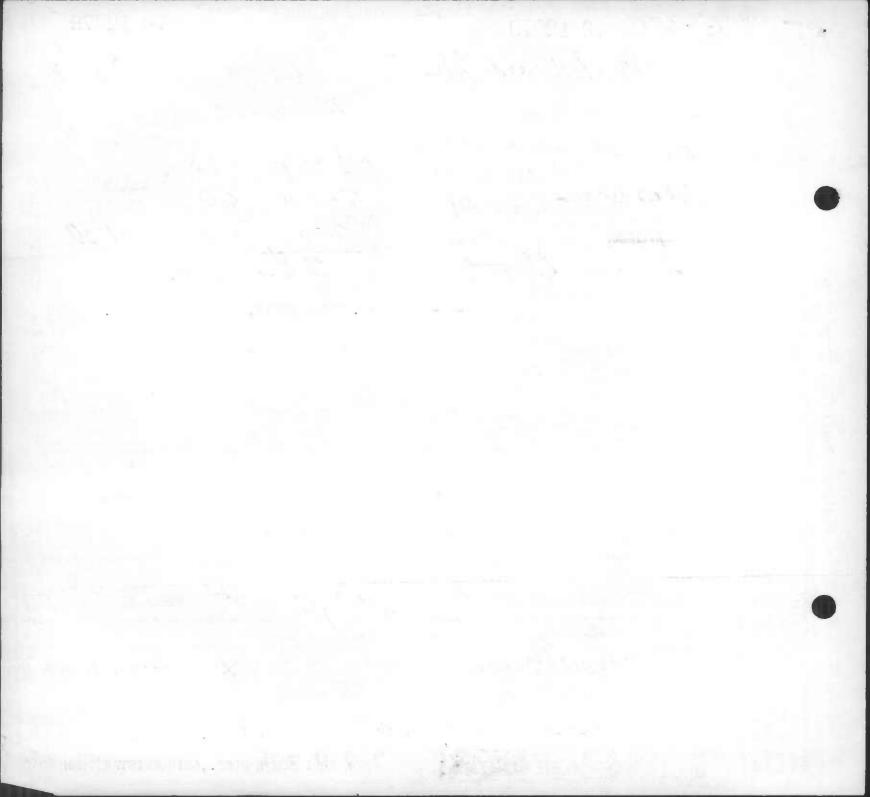
1	/ - 70 -	12078	BALTIMORE CITY	HEALTH DEPARTME	NT	70 12078
BIR	-/45 H NO.		CERTIFICA	TE OF DEAT		
	e or Print) Mamie Kap	lan		2. 12	1/9/778 of 8:40	am
FU	LACE IN BALTIMORE, MARYLAND, WH	L OR INSTITU			(Where deceased lived, If in	stitution: residence before admission)
INS	spital or Address or Locat Titure of Samaritan Balt McClaren		cal	Baltimore	D. INSI	DE CITY LIMΠS? YES NO
4	Bait Md Ziziz			209 S. FR	EMONT AVENUE	性性化
5. \$	FEMALE white	· MARRIED [WIDOWED]	DIVORCED	2/15/96	9. AGE (In years lost 17/14 day)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work) during most of working life, even if refired) NOW MERCHANT		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State LITHUANIA	or foreign country)	12. CITIZEN OF WHAT COUNTRY USA
13.	ATHER'S NAME			14. MOTHER'S MAIDE	NNAME	
	RAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	YDER		XXXXXXXXXX	RACHEL K	?
15. Yes	Nos Deceosed Ever in U. S. Armed Force ,no or unknown) IIf yes, give wor or dates	of service)	16. SOCIAL SECURITY NO. 217-32-868]	17. INFORMANT		ADDRESS
	NO 18.		CAUSE OF DEATH	MS. EVELIN	REINESS, 209 S.	FREMONT AVE #30
ATION	hearl lailure, asthenia, etc. It means to injury or complication which caused of ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or rise to the above cause (A) of UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THINDISEASE OR CONDITION GIVEN IN PART	ny, giving stating the TRIBUTING ETERMINAL	(8)	eralised at a consequence of abetes mel	litus	sis
RTIFIC	19A. DATE OF OPERATION 19B. COND	ITION FOR V	VHICH OPERATION	20 A. AUTOPSY? IYos	OT NO. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner	21 B. hom etc.)	PLACE OF INJURY le.g., in e, form, factory, street, of	or about 21C. WHERE INJURY OCC	DID (It in Soltimor UR?	e City, give exact location)
MEDI	21D. TIME (Month) (Day) (Yeor) OF INJURY (APPROX.)		INJURY OCCURRED le At		D INJURY OCCUR?	
	22. I certify that \Re) (this haspital) that (I) (\Re) last sow the deceased			19	19 ta 12	2/9/70 19 nion death occurred an the date
	and haur and from the couses state			iew the body ofter d	eoth.	
	23A. SIGNATURE	0				23B, DATE SIGNED
	Cour	Joch	Atte Phys	nding Med.	Staff Phys.	12/9/70
	23C.PHYSICIANS NAME (Type) David J Tiller	МВ		23D. ADDRESS	pwood Rd Bal	t Md 21218.
244	BURIAL CREMATION, 248. DATE BURIAL (Specily) 12-10-7		TH YESHURIN (SODOVA)	BALTIMORE, MAI	rty, town, or county) IState)
254	EG 14 1970 (See S		Fregistian ()	SOL LEVINS	ON BROS.,601	O REISTERSTOWN ROAL
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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIR	5-630	70 12	07.9		TE OF DEATH	REG. NO	70 12079	
1. N	AME OF DECEA	Mr. Edi	ward	Grati	2. DATE AN	NO HOUR OF DEATH	1 2 . 0	
3. 1	PLACE IN BALTIM	ORE MARYLAND, W	HERE PRONO	JNCED DEAD	4. USUAL RESIDENCE (Whe	pre deceased fived. If i	institution: residence before admis	ssion)
II HO	LL NAME OF	OF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOWN	and Ba	SIDE CITY LIMITS?	
14	Bon	Seca	urs	Hosp	E. STREET AND NUMBER	.0	YES NO X	
5. S	FY 16	RACE	7		706 Celfon	reekk.		
	MALE	WHITE	WIDOWED		1-2-10	9. AGE (in years last birthdoy)	Manihs Doys If Under 24	4 Hrs. Nin.
done	during most of wark	ing life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	BALTIMONE (Stote or lose	ign country)	12. CITIZEN OF WHAT COU	NTRY?
12.1	WATCH	IMAN	R	ETAIL	mary	Land	4.30	
	FATHER'S NAME	on K	Tros	1	14. MOTHER'S MAIDEN NAI	ME ALIO H	600.	
15. V (Yes,	Vos Deceased Eve , no or unknown) (If	yes, give wor or date	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	11	ADDRESS	
11	NO			213-09-4844	MR. FRANK GROTT	г. 3401 FIE	LDING RD. #21208	
		R CONDITION DIS	RECTLY	CAUSE OF DEAT	Henra CCC	Consideration and	APPROXIMATE INTERV	
11 1	heart failure, asil	mean the mode of henia, etc. It means ration which caused	the disease,	(A) IMMEDIATE CAT DUE TO, OR AS	A CONSEQUENCE OF:	11	,	
		ECEDENT CAUSES		(R)	Carcinoma	of throat	6 months.	to.
	DISEASES OR rise to the to	CONDITIONS, il (bave cause (A) ONDITION last	ony, giving slaling the	(c) Lets 1	A CONSEQUENCE OF:	Effusion.	######################################	
		11				/		
ATION	TO THE DEATH BI DISEASE OR CONE	NT CONDITIONS COLUT NOT RELATED TO THE DITION GIVEN IN PART	E TERMINAL	***************************************	PPPPES			
E	0	ERATION 198 CONT WAS PERF	ORMED	HICH OPERATION	20A. AUTOPSY? (Yes or No	10 CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?	
CAL	DEATH (notify med	VAS UNDERLYING COLOR CAUSE OF dical examined	21 B, home elc.)	PLACE OF INJURY (e.g., i b, larm, lactory, street, a	n ar oboul 21C. WHERE DID like bidg., INJURY OCCUR?	(if in Ballimon	re City, give exact lacation)	
	OF INJURY (APPROX.)	anth) (Day) (Yeas)		INJURY OCCURRED B At Not While At Work		URY OCCUR?		
		t (l) (this hospital)			NOV 27 1	19 70 to 9	EC 9 1975	0_
11 1		t saw the decease			19 70 and the	ot In (my) (our) opl	Inion death occurred on the	date
		om the couses state	ed above. (I)	(We) (dld) (dld not) v	lew the body after death.			
	3A. SIGNATURE	Hannel	Bald	Atte Phys	nding Med.	Staff Phys.	Dec 970	
	PHYSICIAN'S NAME (Type)	MANUEL	GALDOS		BON SECOURS			
24A.	REMOVAL (Speci	10n, 248. DATE 12-10-7		ME of CEMETERY OF CRE REW FRIENDSHI		CATION (CI	ity, tawn, or caunly) (State	lel
	DEC 14 1 50-REV. 1/1/68	970 Robert	258. NAME OF	REGISTRAR	2 SOL LEVINSON	BROS.,6010	D REISTERSTOWN RO	DAD



must be obtained before the remains are embalmed or final disposition is made.

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	NAME OF DECEASED			2. DATE AI	ND HOUR OF DEATH	
1.	Crayen	Ahm	ham	12	-10-70	1 D
3,	PLACE IN BALTIMORE, MARY		ONO UN CED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived. If institut	lion: residence before admission)
	ULL NAME OF (IF NOT I			A. SIAIE B. COUR	NTY .	25 15
H	OSPITAL OR ADDRESS	OR LOCATION)	ASTITUTION, GIVE STREET	Md	0	11-11
II.	STITUTION			C, CITY OR TOWN	D. INSIDE C	
d	3: 11 11			E. STREET AND NUMBER	e YES	S NO L
	Sinai Hosp	oital			1 / 11 / 1	4
5.	SEX 6. RACE	17		15413 Par	K Heigh	ES AUC #15
	Ø 4 1 1 1		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years U II	Under 1 Yr. If Under 24 His.
10		HITE WIDO		4-14-89	81	
do	A. USUAL OCCUPATION (Give k	if retired)	D OF BUSINESS OR INDUSTRE	RUSSIA	ign country) 12.	CITIZEN OF WHAT COUNTRY
	GROCER	RETAI	T XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		USA
13	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
		L CRAVEN				
15	Wos Deceased Ever in U. S.	XXXXXXXXXX		XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
(Ye	s, no or unknown) (II yes, give w	or or dotes of servi	16. SOCIAL SECURITY NO. 220-44-8720	17. INFORMANT	WENT FAIR DADY	ADDRESS
	NO		220-44-8/20	MRS. FANNIE CRA		C HEIGHTS AVE. #1
Г	18. 4///		CAUSE OF DEAT	H	MANAKA KA	APPROXIMATE INTERVAL
	DISEASE OR CONDI	TION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO		(A) IMMEDIATE CAL	es condian	Shoc	R
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	injury or complication which	n caused death.)	ase,			
	ANTECEDENT		A 4	1 0 1		
	DISEASES OR CONDITIO		(B) 115 TO 08 AS	A CONSEQUENCE OF:	nfarctio	n hours
	rise to the obove cau	se IA) stating	the	A CONSEQUENCE OF:		
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-	11					The state of the s
ON	OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTI	NG			
ATI	TO THE DEATH BUT NOT RELA	N IN PART 1 (A).	100000000000000000000000000000000000000	******************************		10000 00000000000000000000000000000000
FIC	19A. DATE OF OPERATION	98 CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No		NGS CONSIDERED
CERTIFICATION	0			No	IN CERTIFYING CAUSES	OF DEATH?
	OR CONTRIBUTING CAUSE	RLYINO	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, all	or obout 21 C. WHERE DID	(If in Boltimore City	, give exect location)
CAL	DEATH (notify medical examin	er)	etc.)	uce ology INJOKI OCCOK!		
DIC	21 D. TIME (Month) (Day	(Yeor) (Hour)	21E INJUST OCCURRED	21F. HOW DID INI	LINY OCCUPY	

CONSIDERED DEATH? ve exoct locotion) S OF INJURY Not While While At F (APPROX) At Work 22. I certify that (1) (this hospital) ottended the deceased from that (i) (we) last saw the deceased alive and that in (my) (our) opinion death occurred on the date and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED

Attending

23D. ADDRESS MARCIA WATERBURY

SINAI HOSPITAL

Med. Director

24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION

(City, town, or county)

BALTIMORE, MARYLAND

SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

150-REV. 1/1/68

23C. PHYSICIAN'S NAME (Type)

24A. BURIAL CREMATION, 24B. DATE

25A. DATE REC'D ST HEALTH DEPT.

12-11-70

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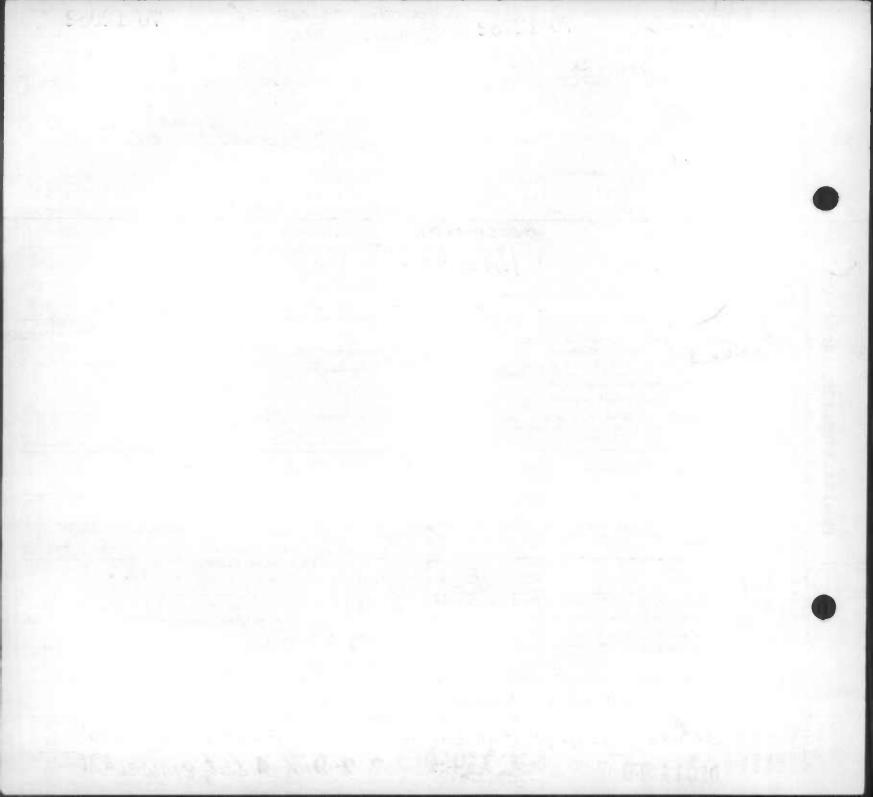
7002	BIRTH NO 70 12081 BALTIMORE CITY HEALTH DEPARTM	. I CIAI						
and eath ased the Such	1 NAME OF DECLARD							
al and death ceased on the	SWEENEY, EMANUEL BERTON	DATE AND HOUR OF DEATH						
of Obece ath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDEN	12 09 70 4:55 P.M. CE (Where deceosed lived, If institution; residence before admission) COUNTY						
a hosp cause se; (5) I andance to dea	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION C. CITY OR TOWN	D. INSIDE CITY LIMITS?						
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tribut mined gular sed pr made.	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years II Under 1 Yr., If Under 24 Hrs.						
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+ 0 - 6 0	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stat done during most of working life, even il retired)							
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miner. fractur	injury or complication which caused death.)							
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XOX	DISEASES OR CONDITIONS, il any, giving isse la the above cause (A) staling the UNDERLYING CONDITION last. (C).							
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hy hy	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 1998 CONDITION FOR WHICH OPERATION WAS PERFORMED 2004 AUTOPSY? (Yes of No.) 1006 IN CERTIFYING CAUSES OF DEATH?							
a m ody lhe place the plac	19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A-AUTOPSY 170	s or No. 20B, IF YES, WERE FINDINGS CONSIDERED						
by a me by a me 2) Body by re the phy physician fore the re	WAS PERFORMED NO	18 OF NO) 20B, IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or oboul 21C. WHERE home, form, foctory, street, affice bldg., INJURY OC etc.)	DID (If in Boltimore City, give exoci location)						
hospital nature; (spt whe (6) No ined be	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW (DID INJURY OCCUR?						
oved e hos cept cept nd (6	(APPROX.) While At Not While At Work							
SEXXET	22. I certify that (() (this hospital) attended the deceased fram 12 07 70							
2 - 2 - 0	12 00	19101919						
	Total Control of the	and that inthiy) (aur) apinion death accurred an the date						
ust be ap based to dent of a lospital (death); must be	and hour and from the causes stated above. (I) (We) (dld) (dld mot) view the bady after 23A. SIGNATURE							
3000		23 B. DATE SIGNED						
a to	DEGREE Phys. Director	Steff Physic 12/9/70						
certificate mubody was release. (1) An acci. D.O.A. at a hased prior to ten approval	NAME (Type) CHING-HUI TSAI, M.D.	f Acres Hosp						
# >EC P B	24A. BURIAL CREMATION, 24B. DATE 24G. NAME of CEMETERY OF CREMATORY	24D. LOCATION (City, town, or county) (Stote)						
This certif the body shows: (1) was D.O. deceased written ap	Burial 12-12-70 Lewistowh Cemetery	Lewistown Fred. Co. Ma.						
This the show was dece	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DI							
	DEC14 1970 Jobens E. Janbers M. C.	Ic- reagen Themand, Med.						
	VS 150-REV. 1/1/68							

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FUNERAL DIRECTOR: IMPORTANT

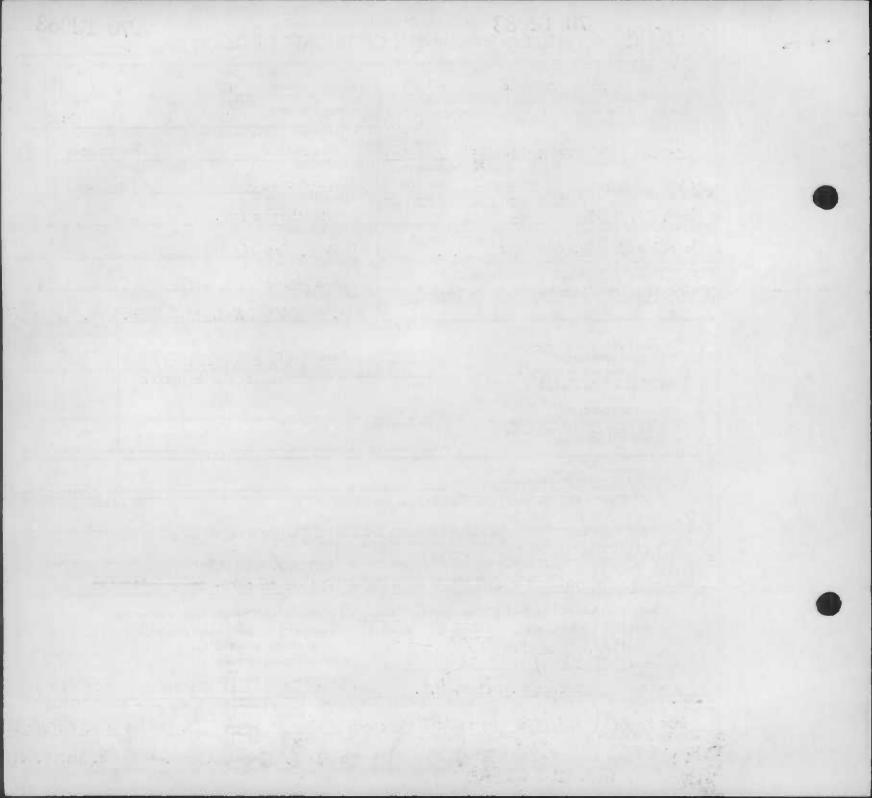
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

D-6/0 70	12082 BALTIMORE CITY CERTIFICA	HEALTH DEPARTMENT	REG. NO	70 1.2082
1. NAME OF DECEASED (Type or Print) ANNIE, O.D. A.		2. DATE A	ND HOUR OF DEATH	1
3. PLACE IN BALTIMORE MARYLAND, WI			17/70	2.50 PM
	L OR INSTITUTION, GIVE STREET	Maryland C. CITY OR JOWN		13.06
Union Hemorial t	tospital	Baltinon	D. IIV.	SIDE CITY LIMITS? YES NO
44	3	E. STREET AND NUMBER	4. Avenue	
W	WIDOWED DIVORCED DIVORCED	04/01/84	9. AGE (In years last birthday)	it Under 1 Yr. II Under 24 Hrs. Manihs Days Haurs Min.
10A. USUAL OCCUPATION (Give kind at wark to done during most of working lite, even if retired) Returned	HOUSE WIFE	Virguita		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Robert Caves	10 219-01-7719	Mary	AME	
15. Was Deceased Ever in U. S. Armad Force (Yes, na or unknown) (If yas, giva war or dalas	of sorvice) 16. SOCIAL SECURITY NO.	17. INFORMANT Cleut W.	+ 21	ADDRESS
DISEASE OR CONDITION DIRE	CAUSE OF DEATH	//IEV	garet 4 FT	RICK 3318 ELM AVE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the made at a heart failure, asthenia, etc. It means the injury or complication which caused a ANTECEDENT CAUSES DISEASES OR CONDITIONS, if and the injury of the above cause (A) and the complete of the above cause (A) and the complete of the above cause (B) and the complete of the	leath.) (8) DUE TO, OR AS	Linal Gem A CONSEQUENCE OF: 71	errfug eptic I	202
OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	TERMINAL	stam Al	ghali	
19A-DATE OF OPERATION 19B CONDI	TION FOR WHICH OPERATION	20 A. AUTOPSY? (Yos or N	0) 208 IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTINO CAUSE OF DEATH (notify medical axaminar)	21 B. PLACE OF INJURY (e.g., in home, farm, factory, street, off etc.)	ar about 21 C. WHERE DID	(II In Baltimat	re City, give axact lacotion)
OF INJURY (Manth) (Doy) (Year)	(Hour) 21E INJURY OCCURRED While At Not While Work Not Work	21 F. HOW DID IN	URY OCCUR?	
22. 1 certify that (1) (this haspital) (that (1) (we) last saw the deceased	alive on 1217	1970and th	19 <u>70</u> to nat_in(my) (aur) api	nian death occurred an the date
and haur and from the causes stated		ew the bady after death.		
Yllle	Atten	ding Med.	Staff Phys.	1217170
23C. PHYSICIANS NAME (Type) JACQUES	K HOURY 2:	Director LI BD. ADDRESS	1	ilal
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 12-11-70	24C. NAME of CEMETERY OF CREATE		ALTIMUR	ly, lawn, or caunty) (State)
25A. DATE REC'D BY HEALTH DEPT. 25 DEC 14 1970 Page E. VS 150-Rev. 1/1/68	B. NAME OF REGISTRAR	25C, EUNERAL DIRECTOR		4W36 ADDINESS

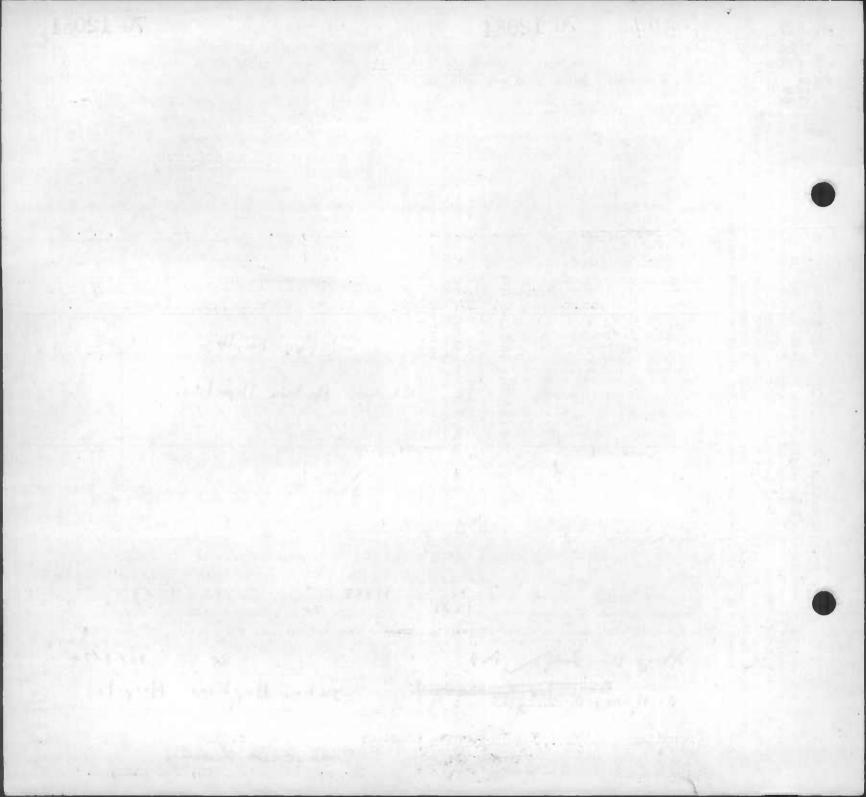


VS 151-REV. 1/1/68

Md.



11)			HEALTH DEPARTMENT		
BI	K-324 70:	12084	CERTIFICA	TE OF DEATH	REG. NO.	70 12084
1.1	NAME OF DECEASED			2. DATE AN	ID HOUR OF DEATH	
(Ту	REDDEC	LIFF, C	Jack Marshall		9/70	5:20 _M
3.	PLACE IN BALTIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Whe	TY	stitution: residence before admission)
FL	JLL NAME OF (IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	Maryland	Frederi	The state of the s
IN	ISTITUTION	Allow		c. CITY OR TOWN Frederick	D. INS	YES NO
10	2	-		E. STREET AND NUMBER		TES NO [
1	The Johns Hopki	ns Hos	pital	809 Runnym	eade Drive	21701
	SEX 6. RACE	7. MARRIED	XNEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy) 42	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	Male White	WIDOWED		9/15/28		
	A. USUAL OCCUPATION (Give kind of wor ne during most of working life, even if retired)	KITOB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
	-icroboligist	Fort I	Detrick	Geneva, Pa.		U.S.A.
13.	FATHER'S NAME	6		Opal Mars		
	John Reddeclif	I		Opar mars		
15. (Ye	Was Deceased Ever in U. S. Armed Fo	rces?	16. SOCIAL SECURITY NO.	17. INFORMANT	F	rederick, Maryland
	Yes Kxtxk Co		177 22 2893	Mildred Reddec		
1	18. E7/91		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION D			SE Live fo	· lune	BET MEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAU	SE LIVY	11116	
	(This does not mean the mode of heart foilure, asthenia, etc. If mean	s the diseose,	DUE TO, OR AS	A CONSEQUENCE OF		
	ANTECEDENT CAUSE		Class	inic Active	le outili,	
			(B)	A CONSEQUENCE OF:	,	
	DISEASES OR CONDITIONS, if rise to the obove couse (A)		(6)	A CONSEQUENCE OF		Mr Barrellan
	11		(0/			
TION	OTHER SIGNIFICANT CONDITIONS CO					
O A	19A. DATE OF OPERATION 1198, CO		WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
ERTIFI	WAS PE	RFORMED		No	IN CERTIFYING CA	USES OF DEATH?
AL CE	OR CONTRIBUTING CAUSE OF	21 B horn etc.	ne, form, foctory, street, of	or obout 21 C. WHERE DID INJURY OCCUR?	(If In Boltimor	e City, give exoct location
010		(Hour) 21E	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
Z	(APPROX.)	Wh	ile At Not While			
	22. I certify that (I) (this haspite			/28	19 70 to 17	19 19 70
	that (1) (we) last saw the deceas		12/8	70		nian death accurred an the date
			1) /\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		or many, tool, op	man death accorred an the date
	and have and from the causes sto	irea abave. (i) (#8) (did) (d ta-not) V	iew the bady after death.		23B. DATE SIGNED
	Often D. Zugl	M		nding Med.	Staff Phys.	12/1/70
	23C. PHYSICIAN'S	V	OEGREE Phys	Director L	Phys.	
	NAME (Type)	XXXXXX	XXXXXX	John, H.	opkin 1	d-1pital
24	A. BURIAL CREMATION, 24B. DATE	129 ler	OEGREE AME of CEMETERY OF CRE	MATORY 124D I	OCATION (C	ity, town, or county) (State)
1	REMOVAL (Specify)	240,14				,
25	Cremation 12/10/7	O Rock	or Glen Cemete	ry Ada	msville	Pa.
23	ra14 1000 00 00	Za Qa +	2	The state of	1. Fadeley	
VS	150-REV. 1/1/6B	Acceptant .	33,	M. R. Ltchison	n & Son, Fred	derick, ud.



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death

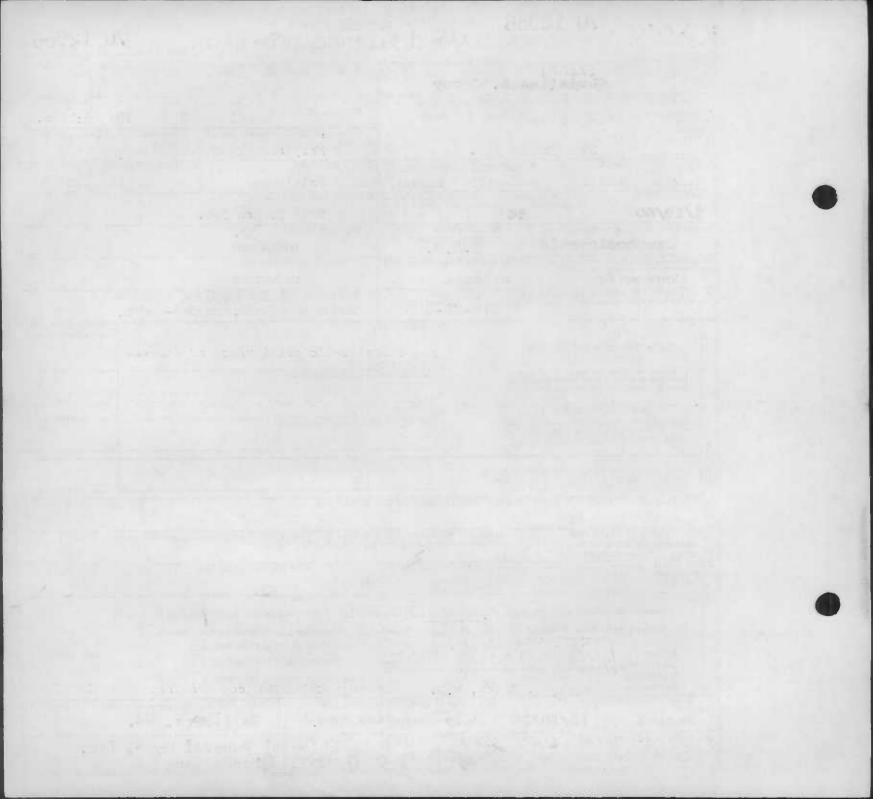
	1	7511	inn -	1000=	BALTIMORE CITY	HEALTH DEPARTMENT			
	BIRT	H NO.	10.	12085	CERTIFICA	TE OF DEATH	Registered Na	170 1-2025	
		A.E. CASE NO. NAME OF DECEASED 2, DATE AND HOUR OF DEATH							
	(Type or Still)						-9-70	10 10	
	3. P	3. PLACE OF DEATH IN BALTIMORE, MARYLAND				4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)			
						A. STATE B. CO	INTY	20 00	
		FULL NAME OF (It not in hospital or institution, give street HOSPITAL OR address or location) INSTITUTION				C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
	in II					C. CITY OR TOWN (If outside city limits, write RURAL ond give township)			
4	0	MARYLAND	Gont	RM.	HOSPITAL	D. STREET ADDRESS (If rurol, give locotion)			
. 1		1/47545	COETVE		//-/-	III GEORGIA AVE N.E.			
3	5. S	EX 6. RACE		TY AAADDIED	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., If Under 24 Hrs.			
	J. 3	11	,		, DIVORCED (specify)	3-19-15	lost birthdoy)	Months Doys Hours Min.	
	103	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY					5 5	12. CITIZEN OF	
		during most of working life				11. BIKINITACE (31018 OF	- Country)	WHAT COUNTRY?	
	7	SUPERVISOR BALTO			GAS Y ELECT.	MARYLA	CVH	4.5.	
	13. [FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		
2		Howard	S. Camp	hell		Diameter Det			
		Was Deceased Ever in L	J. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT ADDRESS			
		no or unknown) (If yes,	7	s of service	SECURITY NO.	Fruit MAS	- CAMPBELL	SAME	
		ES WW	2		212-05-5301 CAUSE OF			INTERVAL BETWEEN	
5		7 8 000	I I		CAUSE O	DEAIN		ONSET AND DEATH	
3		DISEASE OR CO	G TO DEATH	RECILY	Acri	LITE KENAL	FAILURE	15 DAVS	
		(This does not mean			DUE TO				
		heart failure, asthenia, etc. Il means the disease,							
		ANTECEDENT CAUSES (B) NEPHRO SCLEROSIS							
,		DISPASES OR CONDITIONS if any giving						, ?	
,		rise to the above cause (A) stoling the (C) heval HRIERY JENOSIS						S	
2		UNDERLYING CONDITION last.							
3	7		THE CONTROL CONTROL CONTROL						
5	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ASC. V.D.								
		DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTORSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED							
	ERTIF	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?							
	CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)							
		OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?							
2	2	0							
	AE.	OF INJURY			INJURY OCCURRED		INJURY OCCUR!		
3	-	(APPROX.) While At Work At Work							
3		22. I certify that (1) (this hospital) attended the deceased from 43/3 1970 to 12/9 1970							
0		that (1) (we) last sow the deceased alive an 12/9 1970 and that in (my) (ear) opinion death occurred on the date							
3		ond haur and from the couses stated obave. (1) (We) (did) (did not) view the body after death.							
3		23A. SIGNATURE		238, DATE SIGNED					
	MAD Attending And Stoff And							1 9-71	
3	6	23C. PHYSICIAN'S [23D. ADDRESS]							
2		NAME (Type)							
7	0.44	WILLIAM O. GUESENBERRY M.D. MARYLAND (SENERAL TERPITAL							
3	24A	REMOVAL (Specify)	24B. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY 24E	C. LOCATION (Cit	y, town, or county) (State)	
		Burial	12/12/7	'0 G	len Haven Memo	rial Pank	Glen Burnie,	AA Co., Md.	
	25A	DATE REC'D BY HEAL	TH DEPT.	258. NAME C	F REGISTRAR	25C. FUNERAL DIREC	TOR	ADDRESS	
UCULE BUT Vessels Et Valley KIL					Mrkey Fu	neral Home, Gl	en Burnie, Md.		
	2/5	150_REV 1/1/65		-	100				

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Burial 12/10/70 Holy Redeemer Cem. Baltimore, Md.

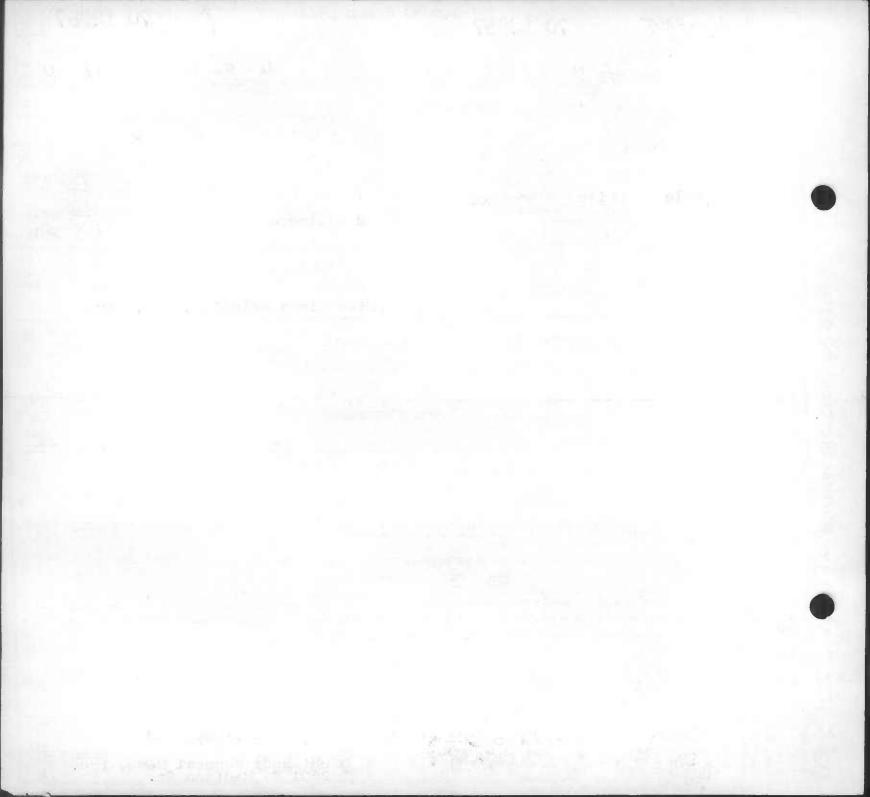
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR
DEC 11 Schimunek Funeral Home, Inc.

VS 151-REV. 1/1/68



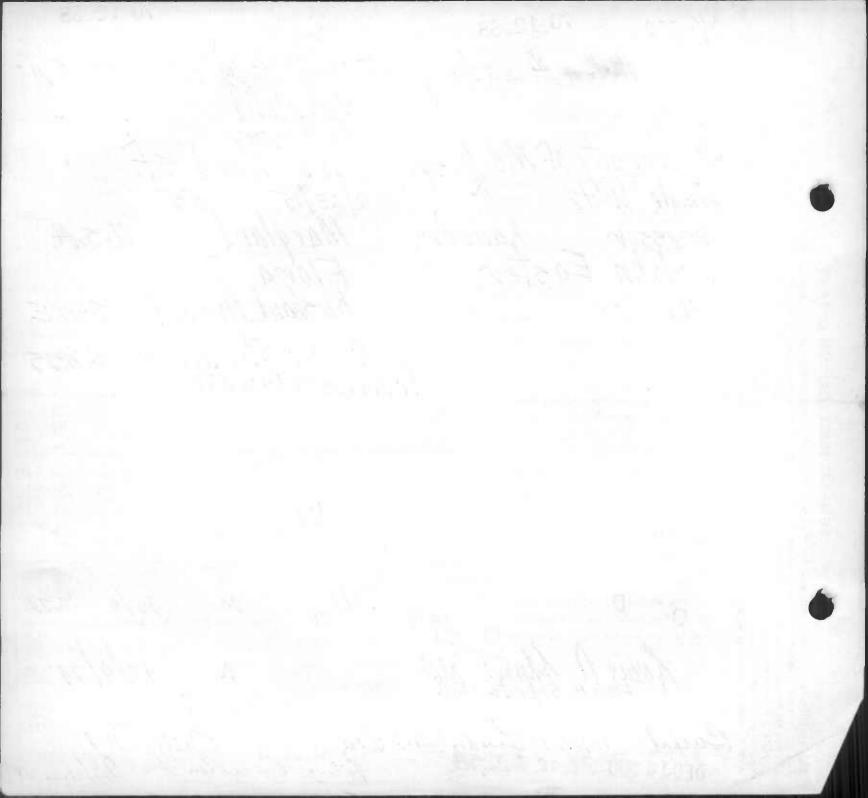
FUNERAL DIRECTOR: IMPORTANT
d by the chief medical examiner or his assistant if deat

1	5-3	45 70	12087		Y HEALTH DEPARTM		70 12087		
and eath ase the the		DECEASED		CERTIFICA		ATE AND HOUR OF DEAT	Н		
_ TO O E	(Type or Prin	GEDRUGE		institution residence before adm) M				
hospita ise of (5) Dec ance o death.		BALTIMORE MARYLAND, V	VHERE PRONOUNC	ED DEAD	La Aldir	E (Where deceased lived, If	institution residence before adm	nission)	
3	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				C. CITY OR TOWN	10.19	1-02		
					BALT	- 4	VES NO NO		
ibuting ined cau ined cau ilar att d prior ade.	BS CHURCH HOME & HOSPITAL				E. STREET AND NUM	N. GLOBER	ST.		
occur ontrib srmin regulo ased is mag	5. SEX male	6. RACE white	WIDOWED	DIVORCED	2-26-8	9. AGE (In years lost birthday)	Months Doys Hours	24 Hrs. Min.	
disposition in the dece	done during m	OCCUPATION (Give kind of work out of working life, even if settred) TRICIAN	108, KIND OF BUS	INESS OR INDUSTR	B altimo	or foreign country)	12. CITIZEN OF WHAT CO		
was the posi	13. FATHER'S	NAME			14. MOTHER'S MAID	EN NAME			
disp	JOHN SIEDLING				SOPHIA BECK				
	15. Was Dec (Yes, no or un	eosed Ever in U. S. Armed For (nown) (If yes, give wor or dote	ces? 16.	SOCIAL SECURITY NO.	7. INFORMANT		ADDRESS		
d d d	120		1			a Seidling,	ight, above		
o de la	18.	SEASE OR CONDITION DE	RECTLY	CAUSE OF DEAT		- 11	APPROXIMATE INTE		
Also e of med med		LEADING TO DEATH		(A) IMMEDIATE CAL	SURAL 1	Eff USION	pronth	1	
tur. tur. tur. tur. bair	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)								
e de come	injury of	ANTECEDENT CAUSES	dealn./	Mix	lignan e	y metant	the most	2	
A A Wh	DISEASE	S OR CONDITIONS, If	any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:		*******************************		
(3) (3) an in in in a d	UN DERI	the above cause (A)	stating the	(c)					
ical ical rns; sici	z	11		DI	Die.	lumma	2.4		
phy an ver	E TO THE	GNIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO TI OR CONDITION GIVEN IN PAR	HE TERMINAL	RC	- Jone		parp		
Body the pysicic	U 19A DAT	E OF OPERATION 1198. CON	DITION FOR WHIC	H OPERATION	20A. AUTOPSY? (Ye	or No. 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?		
- 60 - 5 -	21A. AC			CE OS INITIBY (a.a.)	1 Hes				
y rn ital k e; (2 here No p	OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF notify medical examined	home, for	rm, foctory, street, o	n or obout 21 C. WHERE	UR?	ore City, give exact location)		
0 0 2 3 0 0	OF INJU	E (Month) (Doy) (Year)	(Hour) 21E INJU	JRT OCCURRED	21F. HOW D	ID INJURT OCCUR?			
d d	(APPROX.		While At Work	Not While	• 🗆				
L S X L S		tify that (1) (this haspital			12-5	19 <u>70</u> ta	12-8 19	10	
		(we) last saw the decease		1 . 0			Inion death occurred on th	e date	
eased to ident of hospital o death)	and hour and from the causes stated above. (1) (*****(did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED								
ccidea ccidea a hos to d		affiniama	go M.	D Atte	nding Med.	Staff Phys.	11 - 8 - 77	à	
	23C. PHY	AE (Type)	/ /	DEGREE	23D. ADDRESS	— rays. Ac	11 1 10		
y was r y was r (1) An a 5.A. at a d prior approv	1 4	ILMA B. M	ANIAGO	M.D. DEGREE	CAH				
ре В	24A. BURIAL REMOV	CREMATION. 248. DATE AL (Specify) al 12/12/	24C. NAME	of CEMETERY of CRE				ote)	
the body shows: (1) was D.O.A deceased written ap			2583NAGE OF ME	nian Natio		Baltimore,	Md.		
the show	DECI	4 1970 Cole & E	The space of	6 0	9Sonim	unek Funeral	Home, Inc.		
	/S 150-REV.	1/1/68			2001	E Madison	ST.	=	



deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such Written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the was in regular attendance on the

	70 1200	BALTIMORE CITY HEALTH DEPARTMENT	12088						
	6-520 70 12088	CERTIFICATE OF DEATH REG. NO							
	1. NAME OF DECEASED!	2. DATE AND HOUR OF DEATH							
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PROND	DUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, It institution B. COUNTY	nt residence before admission)						
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT ADDRESS OR LOCATION)	21-02 TY LIMITS?							
1	LI L NINI	NO 🗆							
	University of Md.								
	S. SEX 6. RACE 7. MARRIED WIDOWED	nder 1 Yr. If Under 24 Hrs. Hours Min.							
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done, during most of working life, even if retired)	CITIZEN OF WHAT COUNTRY?							
	PINOSSON LA	U.S.A							
13. FATHER'S NAME									
	15. Was Deceased Ever in U. S. Armed Farces?								
	(Yes, no or unknawn) (If yes, give wor ar dales of service)	16. SOCIAL SECURITY NO. 17. INFORMANT AND MONMAN A	ADDRESS SAMMIT						
1	18.	CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
	(This does not mean the made al dying, e.g., hearl lailure, asthenia, etc. It means the disease,	21115							
	injury or camplication which caused death.) ANTECEDENT CAUSES	injury or complication which caused death.)							
	DISEASES OR CONDITIONS, il any, giving	100 · 000 ·							
	rise la the abave cause (A) stating the UNDERLYING CONDITION last.								
	2 11								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 119B. CONDITION FOR V WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1	WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS CONSIDERED						
H		PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II In Boltimare City, or form, foctory, street, affice bldg., INJURY OCCUR?	give exact tacation)						
	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E.	INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
'	(APPROX.) War	While At Not While At Work							
	22. I certify that (1) (this haspital) attended the deceased from 12/4 19 10 to 19/4 19 11 that (11) (we) last saw the deceased alive an 12/4 19 70 and that in (my) (aux) eniglan death accurred on the date								
	and haur and from the causes stated above. (1) (We) (dld) (did not) view the body after death.								
	238. DATE SIGNATURE								
	23C. PHYSICIANS	23C. PHESICIAN A AMERICAN Phys. Director Phys. D							
	23C. PHYSICIANS NAME (Type) LIVES H, Shpritz, M.O. 23D. ADDRESS								
2	24A. BURIAL CREMATION, 24B. DATE 24C. NA	AME of CEMETERY OF CREMATORY 24D. LOCATION (City, town,	(Stote)						
K	Queal 12/14/70 Locador Sort Com a la Colo het.								
DEC 14 1370 Coles E. James Mar. 255, FUNERAL DIRECTOR LOWER STORE AND THE CONTRACTOR STORESTS									
1F	VS 1501-REV, 1/1/68	1	trollent Il						



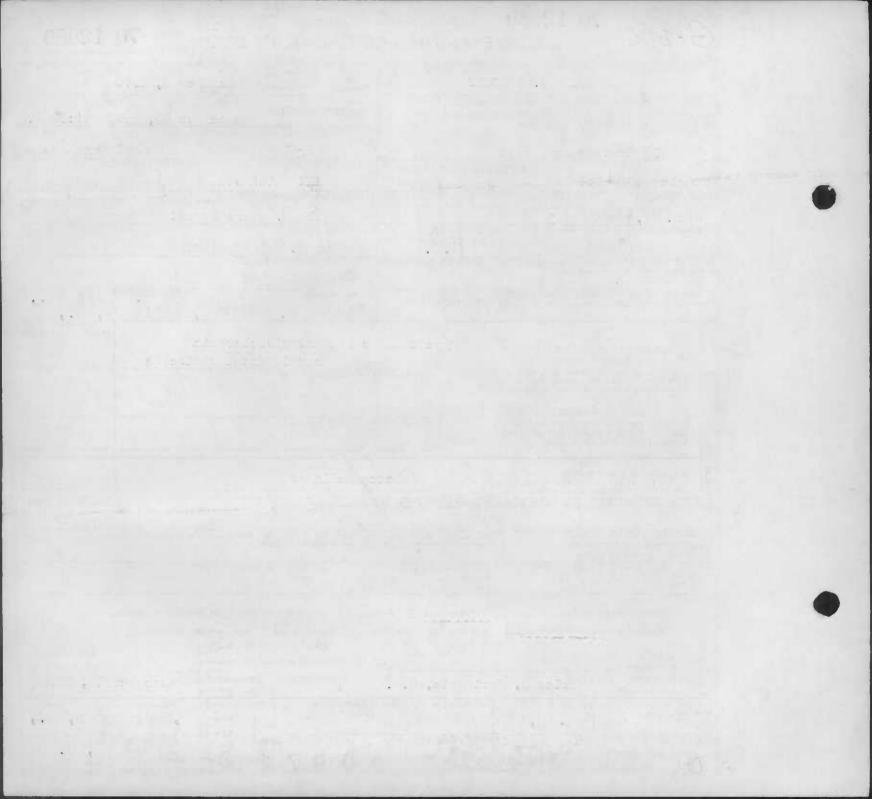
25C. FUNERAL DIRECTOR

25A. DATE REC'D BY HEALTH DEPT.

BIEREV. 1/1/68

25B. NAME OF REGISTRAR

Cambridge, Md.



IMPORTANT DIRECTOR: FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH hospital and use of death; (5) Deceased dance on the death. Such I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD institution; residence before admission) A. STATE COUNTY (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR INSTITUTION cause D. INSIDE CITY LIMITS? C. CITY OR TOWN cause; attend 0 8 YES prior F. STREET AND NUMBER contributing occurred (4) Undetermined regular is mad 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. 5. SEX 6. RACE MARRIED NEVER MARRIED deceased last bisthdoy DIVORCED WIDOWED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? death disposition done during most of working life, even if retired) = U.S.A. Washington D.C. Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the direc EL LZABETH Faunce. Roy Bieber assistant eath 00 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL kind; final SECURITY NO. 578-54-7261 (Yes, na or unknown) (If yes, give war or dates af service) ce John Joseph Norris. Jr. Callaway. Md. ō ED any CAUSE OF DEATH pronounced 10 attend BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Imed 50, of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the made al dying, e.g., DUE TO, OR AS A CONSEQUENCE OF bal heart failure, asthenia, etc. It means the disease, examiner uiar xaminer. injury or camplication which caused death.) em ANTECEDENT CAUSES who 6 re are 4 DUE TO, OR AS A CONSEQUENC DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the <u>e</u> 0 physician UNDERLYING CONDITION last. remains medical Was medical burns; П ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A a chief Body CERTIFIC 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes ar No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION the 0 WAS PERFORMED before by 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (2) 21 A. ACCIDENT WAS UNDERLYING (If in Baltimore City, give exact lacation) the where home, form, foctory, street, affice bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF hospital ° DEATH (notily medical examiner) nature; MEDIC by 21 D. TIME OF INJURY obtained (Haur) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Month) (Day) (Year) 9 approved (except Not While While At (APPROX.) Work At Work and to the any 22. I certify that (1) (this haspital) attended the deceased fram and that in (my) (our) opinion deoth occurred on the date that (1) (we) last saw the deceased alive an pe o eath) hospital and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. was released must accident 23A. SIGNATURE 23 B. DATE SIGNED certificate must P Attending Med Shoff Phys. 0 Director L 10 O 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior approv at JOHNS HOPKINS HOSPITAL THE An COLLEA JOSEPH A 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C, NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) eceased the body O written shows: d ST . MARY S DEC.7,1970 SACRED HEART BUSHWOOD Burial WOS 258. NAME OF REGISTRA 25C. FUNERAL DIRECTOR W. CLARKE MATTINGLEY 0 VS 150-REV. 1/1/68

ADDRESS LEONARDTOWN. MD.

NO

Hours

APPROXIMATE INTERVAL

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If Under 24 Hrs.

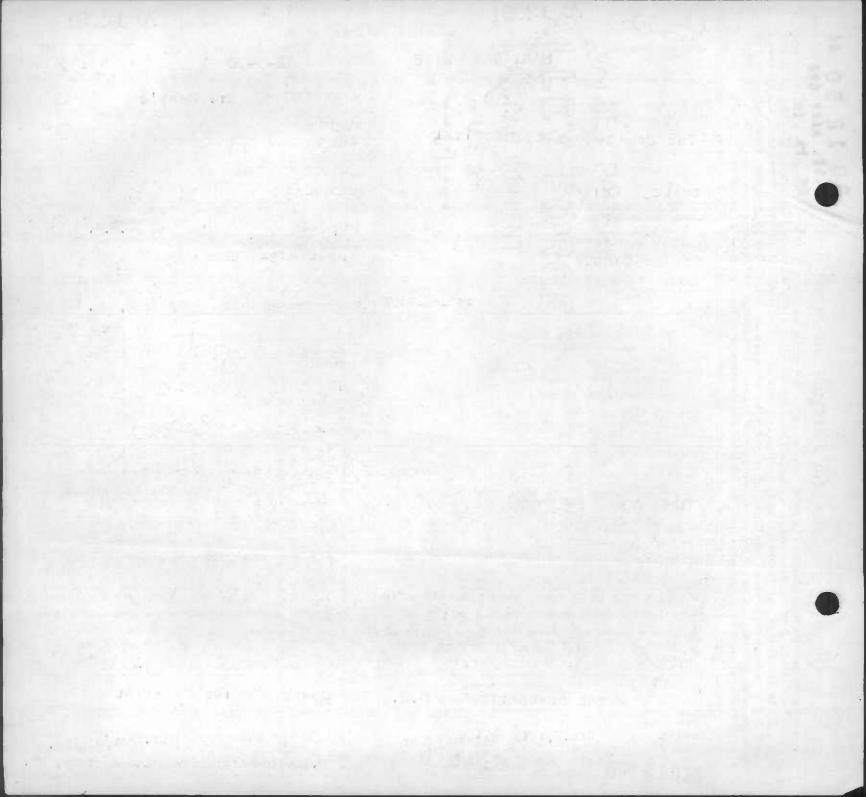
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70 12091	BALTIMORE CITY	HEALTH DEPARTMENT	30 40004
BIRTH NO.	CERTIFICA	TE OF DEATH REG. 1	No. 70 12091
NAME OF DECEASED MARY ORA	WISE	2. DATE AND HOUR OF 12-3-70	11:35 AM N
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU		A. STATE B. COUNTY	ed. If institution: residence below odmission) 1 A RY S
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN AVENUE	D. INSIDE CITY LIMITS? YES NO X
THE JOHNS HOPKINS HOSE	ITAL	E. STREET AND NUMBER	
S. SEX 6. RACE 7. MARDIED F	NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In year	ors If Under 1 Yr. If Under 24 Hrs.
FEMALE WHITE WIDOWED	DIVORCED	09-19-19 lost birthdoy)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF Hone during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY
EDWARD DINGEE		14. MOTHER'S MAIDEN NAME JOSEPHINE LONG	
S. Wos Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
18.	213-68-4407	JOSEPH EDWARD WISE	AVENUE, MD.
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. If means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (A). 19.A. DATE OF OPERATION 19.B. CONDITION, FOR WAS PERPORMED OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF C	(B) DUE TO, OR AS (C) SUL SOLUTION WHICH OPERATION WAS OF INJURY (e.g., i	A CONSEQUENCE OF: A CONSEQUENCE	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH? Boltimore City, give exoct location)
O 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E.	INJURY OCCURRED Not While At Work	21F. HOW DID INJURY OCCUR?	
22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive an and haur and from the causes stated above. (Capa. SIGNATURE 23C. PHYSICIAM'S NAME Type) WAYNE LEADBETTE	(We) (did) (did nat) oegree Phy	riew the bady after death.	1970 Tur) apinian death accurred an the date of the d
24A. BURIAL CREMATION, 24B. DATE 24C.NA	ME of CEMETERY OF CRI		(City, town, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O	CRED HEART	BUSHWOOD 25C. FUNERAL DIRECTOR W.C. ARKELMATTINGS	ST . MA RY I S ADDRESS MO
DEC 14 1970 Robert El Valley	May .	2 9 W-CLARKES-MATTINGL	LEY LEONARDTOWN, MD.



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cate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and as released to the hospital by a medical examiner. Also, if the direct or contributing cause of death in accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased at a hospital (except where the physician who pronounced death was in regular attendance on the rior to death); and (6) No physician was in regular attendance on the acceased prior to death. Such proval must be obtained before the remains are embalmed or final disposition is made.	
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased vas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the leceased prior to death, 3 and (6) No physician was in regular attendance on the deceased prior to death. Such vritten approval must be obtained before the remains are embalmed or final disposition is made.	2

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BIRTH NO.	70 1203	32 CERTIFICA	TE OF DEATH	REG. NO.	12002
Type or Print)	ris ella	201 45	2. DATE AN	D HOUR OF DEATH	
3. PLACE IN BALTIMORE	MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE I When	e deceased lived. If institution	residence belore admission)
	NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	MD. B. COUN	14	16-06
INSTITUTION MAR	11 10	APTIST HOME	C. CITY OR TOWN	D. INSIDE CITY	_
10 280	RAYNEI	2 Ave	E. STREET AND NUMBER	INER AVE	the woll
5. SEX 6. RACE	7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH		der 1 Yr. If Under 24 Hrs.
10A USUAL OCCUPATION		WED DIVORCED DID OF BUSINESS OR INDUSTRY	5-5-1900	70	
done during most of working li	fe, even it retired)	DO OF BUSINESS OF INDUSTRY	A R COALL!	es CAROLINA	TIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	1 3		14. MOTHER'S MAIDEN NAM	AE S CHROINIA	W. J. H.
SchNN	Y YOUR	9	LULA		
15. Was Deceased Ever in IYes, no or unknown) lit yes,	give wor or doles of sen	ice) 16. SO CIAL SECURITY NO.	ANAIA- DAI	11S 2914 5	ADDRESS
18.4/2,4	1	CAUSE OF DEATH	ALCION OF	13 2714	APPROXIMATE INTERVAL
	CONDITION DIRECTLY	1	5. C.V.	().	SETWEEN ONSET AND DEATH
heart loilura, asthenia	n the mode of dying, n, etc. It means the dist n which caused deoth.)	e.g., DUE TO, OR AS A	CONSEQUENCE OF:		
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DISEASES OR CON	IDITIONS, if ony, gi	ving DUE TO, OR AS A	CONSEQUENCE OF:		***************************************
UNDERLYING COND	OITION lost.	(C)			***************************************
O THER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION	ONDITIONS CONTRIBUTION RELATED TO THE TERMI	NG NAL			
	ION 198 CONDITION I	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208 IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?
OR CONTRIBUTING DEATH (notify medical	CAUSE OF -	21B PLACE OF INJURY (e.g., in home, form, foctory, street, office)	or obout 21C, WHERE DID	(If In Boltimore City, g	Ive exact (acation)
S OF INJURY	IDoy) IYear IHour	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.)		While At Work Not While At Work			
	(this hospital) ottend w the deceased alive		10 7		12-11-19 10
		e. (i) (We) (did) (did not) vie		in (my) (aur) opinion de	oth occurred on the date
23A. SIGNATURE	0 (TE SIGNED
23C. PHYSICIAN'S	Tra Cel	DEGREE	Med. S Director P	haff hys.	2-12-10
BARBU	CALL	N	831 /10/	lar 4	3 due
24A. BURIAL CREMATION,	24B. DATE 24	C. NAME OF CEMETERY OF CREM	ATORY 24D. LO	CATION (City, town,	or county) (Stote)
Aprila 1 25A. DATE REC'D BY HEAL	12-14-70 A	nt Rubus		Spert Bal	lo mal.
DEC 14 1070	Q.Q. 65 3.	NE OF REGISTRAR	25G-FUNERAL DIRECTOR	havis h. 16.	2 Adulate
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STATE OF THE STATE 159.8 T.M Office He is the men 12-5 A Banah Luance LILER ALAN DAVE BAKB Record 12-14-22 Met Reche Com of Stand God le Male

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO BIRTH NO. 1. NAME OF DECEASED AKA Known XX 2. DATE Month Hour (Type or Print) OF ELMOR Estimoted December 11, 1970 **JENKINS** DEATH DATE 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Hour Manth Yeor PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Decmeber 11, 1970 5:45 HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If Institution; residence before admission) B. COUNTY (DOA) Maryland Chruch Home and Hospital C. CITY OR TOWN 6. SEX 7. RACE D. INSIDE CITY LIMITS 8. MARRIED NEVER MARRIED Baltimore Male WIDOWED . Negro DIVORCED _ If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER lost birthdoy) 53 9. DATE OF BIRTH Months | Doys | Hours | Min. 400 East 23rd St. 11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME SENKINS WHAT COUNTRY? 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) SON id. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (if yes, give wor or dotes of service) 8. INFORMANT ADDRESS SECURITY NO. 520N APPROXIMATE INTERVAL CAUSE OF DEATH 19. RETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A)IMMEDIATE CAUSE Acute ethylism LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury ar complication which coused death.) DUE TO, OR AS A CONSEQUENCE OF: **ANTECEDENT CAUSES** DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL CERTIFIC DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. DATE OF OPERATION | 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) Yes 22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g., tn or obout 22C. WHERE DID (If in Baltimore City, give exact location) home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING TOR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) 22F. HOW DID INJURY OCCUR? 22E.INJURY OCCURRED (Year) (Hour) OF INJURY WHILEAT NOT WHILE P (APPROX.) WORK AT WORK 23. Inspection Autopsy I certify that I held an Inquiry and that an this basis, death in my apinion

resulted fram: Natural causes XX Accident Suicide ___ Hamicide ___ Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER X SIGNATURE M.D. 12-12-70 ASSOCIATE MEDICAL EXAMINER NAME (Type) Charles S. Springate, M.D. 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION 24B. DATE 24D. LOCATION A(City, town, or county) (State) REMOVAL Specify) 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS VS 151-REV. 1/1/68

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contributing cause of death etermined cause; (5) Deceased the direct or contributing cause eath ŏ IMPORTANT assistant DIRECTOR: the chief medical a medical FUNERAL the body was released to the hospital shows: (1) An accident of any nature; (2 by approved

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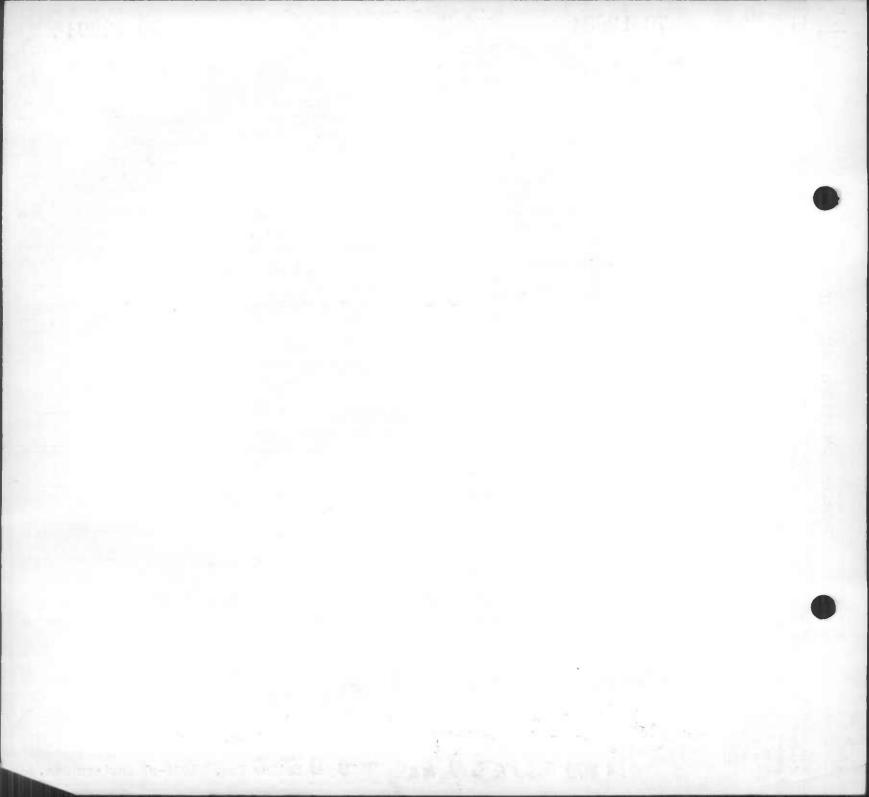
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BALTIMORE CITY HEALTH DEPARTMENT 70 12094 REG. NO. CERTIFICATE OF DEATH BIRTH NO I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) STEPHEUS 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? BALTIMORE NO E BALTIMORE 5. SEX 6. PACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Il Under 24 Hrs. Months! Days Hours! Min. WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired? FEO. YEAST CO KENTUCKU WRAPPER 13. FATHER'S NAME Orbin Isaac DIXIE 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no ar unknown) (If yes, give war or dates of service) 17. INFORMANT 6. SOCIAL ADDRESS SECURITY NO. 402-24-5883 Marion Stephens 2302 E. Baltimore Street CAUSE OF DEATH APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY CARDIURESP. ARREST (RICH EMBRINE) LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: BRONGHOGENIC CA & Widespread
HETASTASES Status PostIF TO, OR AS A CONSEQUENCE OF: ITAGUSTON XX injury or camplication which caused dooth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the UPIER GZ BIEEPING UNDERLYING CONDITION lost 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A/DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED Mes melina & Rematinesel 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218, PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, factory, street, affice bidg., INJURY OCCUR? (II In Boltimore City, give exact location) MEDICAL DEATH (notily medical examined) 21 D. TIME OF INJURY (Month) (Dov) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not While While At (APPROX.) 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an 12-10 19 70 and that In (my) (aur) apinion death accurred an the date and have and from the causes stated above. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE 23 & DATE SIGNED Attending Med. Director Phys ma. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS church 24C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 12-13-1970 New Bridge Colora, Maryland 25C. FUNERAL DIRECTOR Lilly & Zeiler Inc. 1901-07 Eastern Ave



57-50-19 sab

70 12095		TE OF DEATH	reg. No. 70	12095
1. NAME OF DECEASED EUSTACHIUSZ KO (Typo or Pant) Ko many t () 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	Iman Sthachi	2. DATE AND HOU 1 S Z 12 - 12 - 14. USUAL RESIDENCE (Where deced	70 1	7 A M.
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION 4940 Eastern Avenue	TION, GIVE STREET	Maryland C. CITY OR TOWN Baltimore	D. INSIDE CITY LI	-05 IMITS?
Baltimore, Maryland & Baltimore City Ho	Spitals	E. STREET AND NUMBER 101	S.Collingto	24
Markied () Male White WIDOWED [10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF		9-20-1900 11. BirthPLACE (Stole or foreign count	70	TOPS Hours Min.
done during most of working lile, even if retired)	actory	Poland 14. MOTHER'S MAIDEN NAME		U.S.A.
Alfonz Kolman		Wladyslawa Kis	ielewicz	
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or doles of service)	6. SOCIAL SECURITY NO. 213-30-7487A	17. INFORMANT Records: BCH-4940 Ea	stern Avenue	ADDRESS 21224
LEADING TO DEATH (This does not meen the made of dying, e.g., heoit foilure, asthenia, atc. If means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stoting the UNDERLYING CONDITION tast.		SE CARDIU-RESPI A CONSEQUENCE OF: F Colon T met A CONSEQUENCE OF:	-	lyr 9 min
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				100000000000000000000000000000000000000
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DEATH (notify medical exominer) [etc.] O 21D-TIME (Manth) (Doy) (Year (Haur) 21E)	NJURY OCCURRED At Not While At Work	21F. HOW DID INJURY OC	CU R7	
22. I certify that (I) (this hospital) attended the that (I) (we) last saw the deceased alive on 12 and haur and fram the causes stated above. (I)	deceosed fram	19 70 ond that In (m)	ta 12-12- y) (aur) apinion deot	1970h occurred on the date
of ferencal Down	DEGREE Phys	nding Med. Staff Phys. Director Phys.	23B. DATI	2/70
23C. PHYSICIAN'S NAME (Type) J. Jeremiah Duwel J. Jerewiah Duwel	DEGREE	Baltimore Ci 1940 Eastern Avenue,	Baltimore, Ma	
REMOVAL (Specify)	. Stanislau		ore, Maryl	

2 25C TUNERAL DIRECTOR

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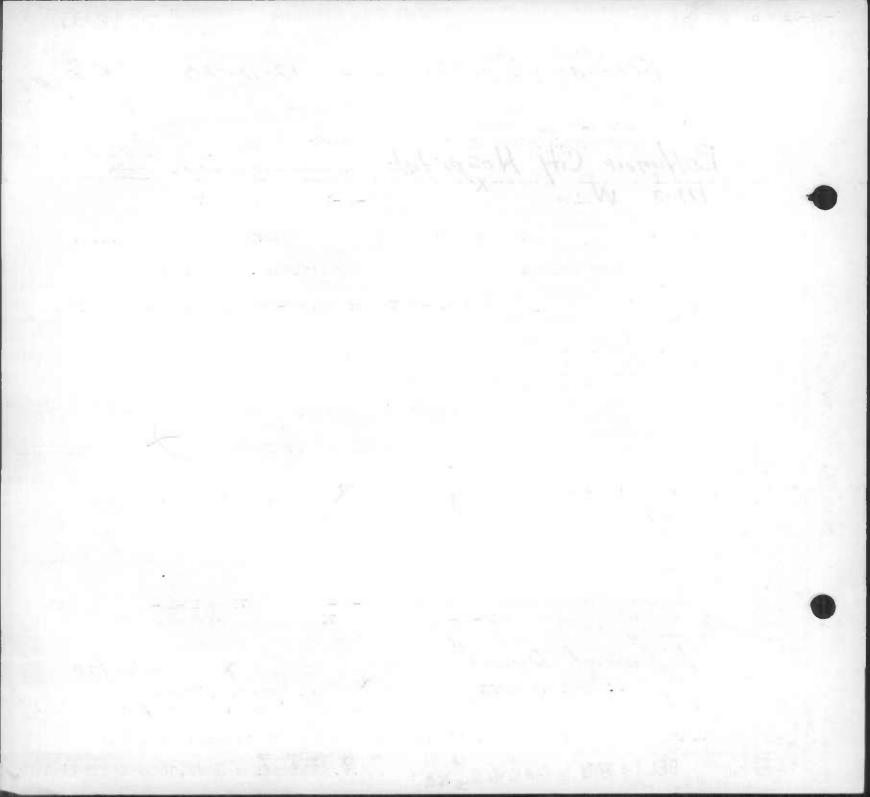
& SONS, 1808

258 NAME OF REGISTRAR

Robert E. Jaken, K.

25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/68



25C. FUNERAL DIRECTOR

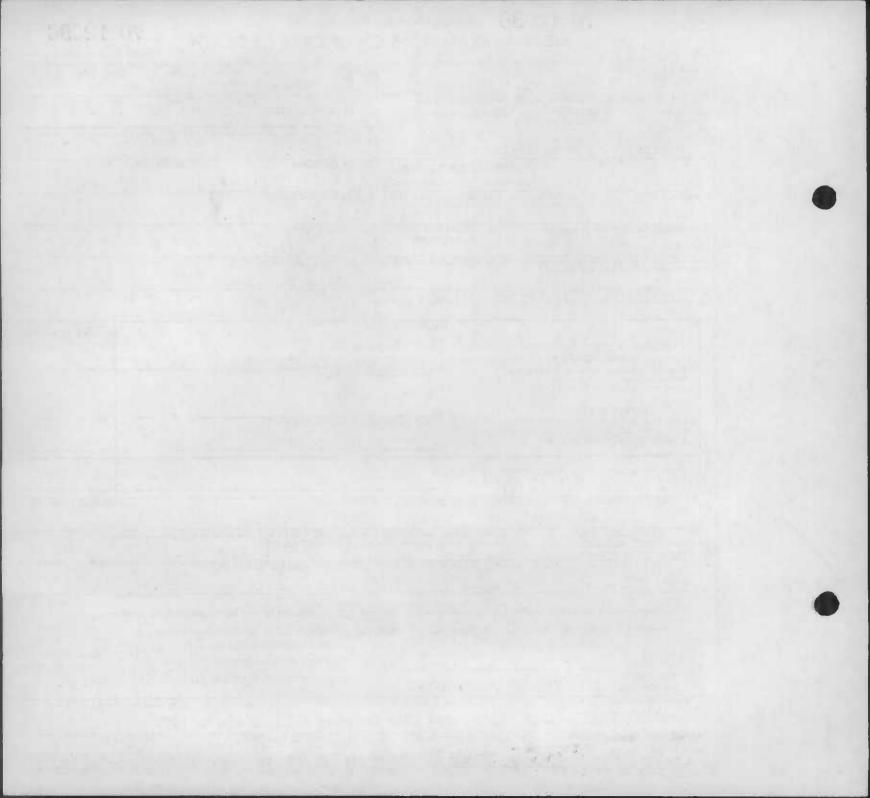
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Ullrich Funeral Home Baltimore, Md. for Mc Dougald Funeral Home, Anderson, S.C.

VS 151-REV. 1/1/68

25 A THE REC'D BUILDANTH DEPT.

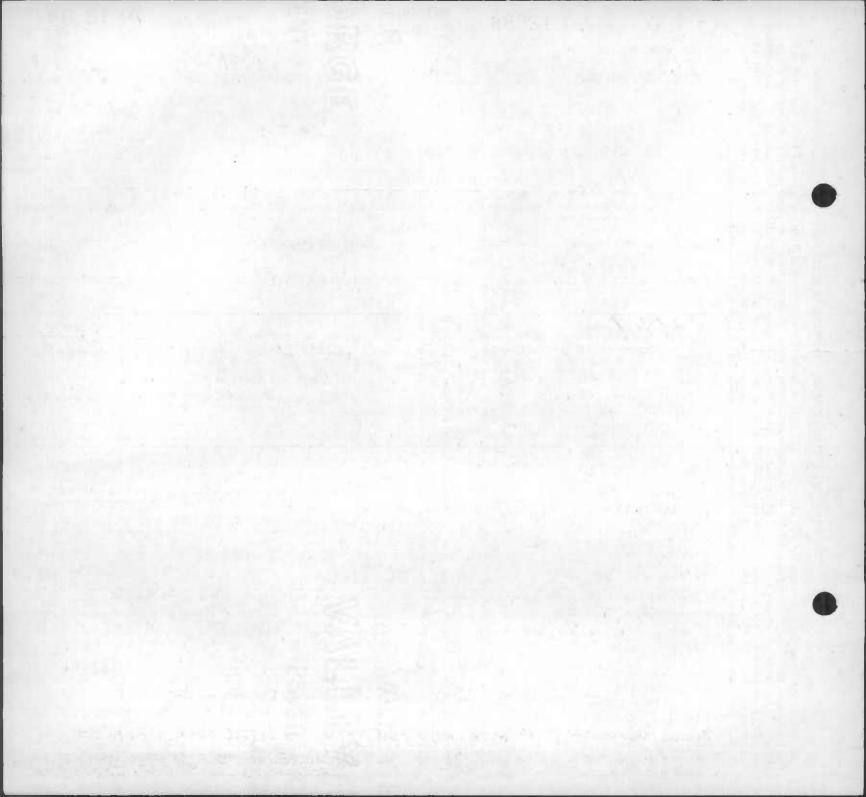
258. NAME OF REGISTRAR



45 64	M-300 70 12097 CERTIFICATE OF DEATH REG. NO. 70 12097
eceas on t	1. NAME OF DECEASED TTI Marta (KA-NOTTE) 2. DATE AND HOUR OF DEATH 3. PLACE IN BALTIMORE MARYLAND WHERE PRONOUNCED DEAD M.
cause o se; (5) D ndance to deat	FULL NAME OF ADDRESS OR LOCATION) FULL NAME OF ADDRESS OR LOCATION) G. CITY OR TOWN . B. COUNTY C. CITY OR TOWN . D. INSIDE CITY LIMITS?
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oncounce of a strength of a st	Chis does not mean the mode of dying, e.g., head failure, asthenio, otc. It means the disease,
A fract ho pr regular	Injury or complication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:
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D.O. D.C.	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City. town, or county) (Stole) BURIAL 12 DEC70 Ft. STANDLAUS CHICARY BALTIMORE, MD. 2122
show was dece	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR HOUSE, BALTO, MD. 2106 VS 410-1874, 1/1/68

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	BALTIMORE CIT	HEALTH DEPARTMENT		70 12338
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Theodore Howell Was Deceased Ever in U. S. Armed Forces? 1	6. SOCIAL	Ella Myers		ADDRESS
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	.5 ************************************		*****	
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FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Deceased Such and death BIRTH NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Comelia hospital 12/10 90 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, Il institution: residence below admission) ance A. STATE & COUNTY (2) P cause FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (4) Undetermined cause; attend 0 INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS Union Memorcal Hospital YES 4 NO prior contributing E. STREET AND NUMBER occurred 2 mad 5. SEX 6. RACE regul 7. MARRIED NEVER MARRIED eceased 9. AGE (In years If Under 1 Tr. Months: Days If Under 24 Hrs. Hours lost birthdoyl 30 WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? death .= isposition dane during most of working lile, even if retired) direct or yland 0 merican HOUSE WIT Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME May assistant death HO TO kind; 15. Was Deceased Ever in U. S. Armed Forces? (Tes,no or unknown) (If yes, give war ar dates of service) 6. SOCIAL 17. INFORMANT final SECURITY NO. ance Mrs. Mrs dred Metrangle, 411 7-22-4074 any pronounced 3B. CAUSE OF DEATH 0 APPROXIMATE INTERVAL attend Also, BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY pem fracture of LEADING TO DEATH leres scherotic Cardia (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: mbal heart failure, asthenia, etc. It means the disease, examiner 2 examiner. injury or complication which caused death.) 5 ho ANTECEDENT CAUSES regi GIB 4 DISEASES OR CONDITIONS, if any, giving 3 (3) rise to the above cause (A) stating the the physician dical UNDERLYING CONDITION last remains W as medical burns; OTHER SIGNIFICANT CONDITIONS CONTRIBUTING chief me No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). (2) Body the 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION U 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? fore 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF the 919 21 B. PLACE OF INJURT (e.g., in or about 21 C. WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR? (If In Boltimore City, give exact location) CAL to the hospital 0 DEATH (notify medical examined any nature; ¥¥ 9 by MEDI obtained 21D. TIME (Day) (Tear) (Hour (9) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? approved (except OF INJURY Not While While At (APPROX.) puo Work 22, I certify that (1) (this hospital) attended the deceased from _19 _74 to_ be 19.70 and that in (my) (our) opinion death occurred on the date of hospital death) and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. the body was released shows: (1) An accident must 23A. SIGNATURE 23 B. DATE SIGNED Attending prior to Med. Director approval Phys. U 23C. PHYSICIAN'S certificate 23D. ADDRESS to NAME (Type) Memorial D.O.A. 24A. BURIAL CREMATION, pespesed 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specily) (City, lown, or county) written Loudon Park Cemetery Baltimore, Burial Was 258. NAME OF REGISTRAR 25C, FUNERAL DIRECTOR Leonard Ruck, Inc. Balto.

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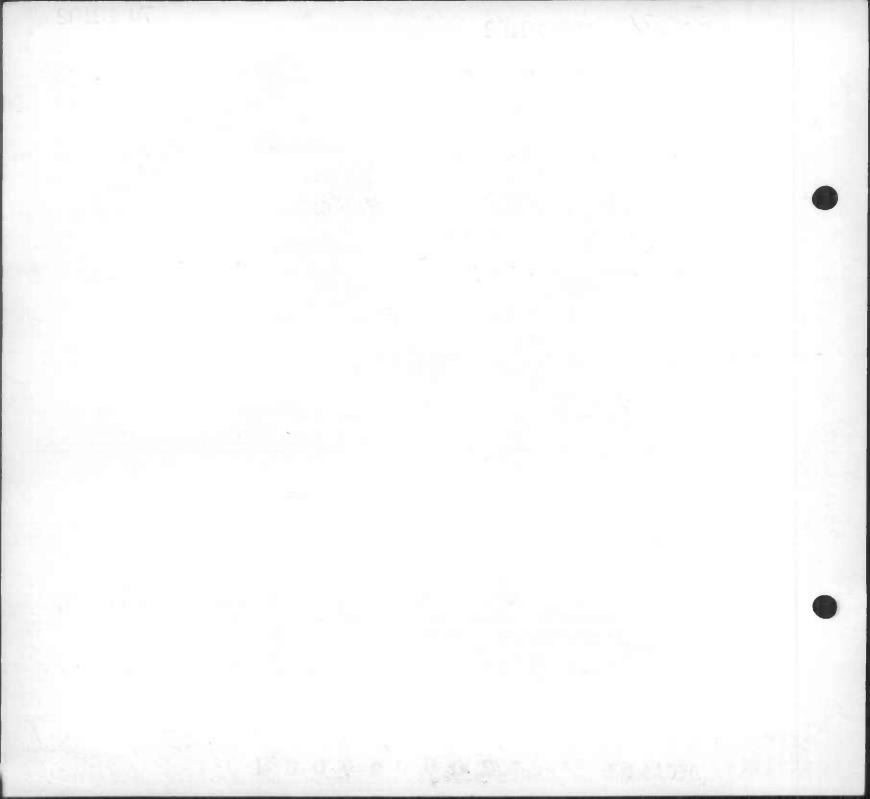
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be approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death it of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased lital (except where the physician who pronounced death was in regular attendance on the ath); and (6) No physician was in regular attendance on the deceased prior to death. Such at be obtained before the remains are embalmed or final disposition is made.
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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BIRTH NO.	7 70 13	2.000	CERTIFICA	TE OF DE	ATH	REG. NO	10,100
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	LILLIAN E.				Dece	ember 9,	19701 9 80 P
3. PLACE IN BA	LTIMORE MARYLAND,	WHERE PRONO	UN CED DEAD	4. USUAL RESID	ENCE (Where	deceased lived. If in	stitution: residence before admission
FULL NAME OF		TAL OR INSTITE	UTION, GIVE STREET	Md.	и осони		901
HOSPITAL OR	ADDRESS OR LOC	CATION)		C. CITY OR TOWN	N	D. INS	IDE CITY LIMITS?
) ATTARDA					imore		YES NO
HARF	ORD GARDENS	NURSI	NG HOME	E. STREET AND		4700 Hari	Pand Dand
. SEX	6. RACE	7		8. DATE OF BIRTH			
Female			NEVER MARRIED		li.	AGE (In years	Months Doys Hours Min.
A. USUAL OCC	White	WIDOWED	BUSINESS OR INDUSTRY	July 26	, 1904	66	
one during most of	working life, even if refired)		DOUNTED ON HOUSEN			country)	12. CITIZEN OF WHAT COUNTR
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3. FATHER'S NA				14. MOTHER'S M	AIDEN NAM		
	lam Peter B		omay	Henriett	ta A.	Scheurman	
es, no or unknown	Ever in U. S. Armed Fo	es of servicel	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
No				Mr. Rich	hard K	eene, Bal	Lto. Md.
DISEASES (iso to the UNDERLYING OTHER SIGNIF TO THE DEAT	not meen the mode of asthenio, etc. It means application which couses ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) 3 CONDITION last. II CANTICONDITIONS CONTROL TO TO THE CONDITION SUPPLIED TO TO THE CONDITION OF THE CONTROL TO THE CONDITION OF THE CONTROL TO THE CONTRO	any, giving slating the ONTRIBUTING HE TERMINAL RT (A).	(B)	A CONSEQUENCE A CONSEQUENCE	OF:	20B. IF YES. WEDE	SINDINGS CONSIDERED
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OR CONTRIBL	NT WAS UNDERLYING TING CAUSE OF medical examined	218. home elc.)	PLACE OF INJURY (e.g., in e, larm, foctory, street, old	or obout 21 C. WHI	ERE DID DCCUR?	(If In Boltimor	e City, give exoct locotion)
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	lost saw the decease		Sleymk	W81970	ond that	in(my) (aur) anis	nian death occurred an the dat
and have and	fram the causes sta	ted above. (1)	(We) (did) (did not) vi	ew the bady afte	er death.		,
23A. SIGNATU	RE O 1 1	//	/				23B, DATE SIGNED
	Ci. villa	1 House		ding Med Direct		off D	12/10/711
23C. PHYSICIA NAME (T	N'S voel		Promer	3D. ADDRESS		,—	1 0/10
Α.	Allan Spie	er, M.D		1501 Pe	ntride	e Rd., Ba	lto.Md.
REMOVAL			ME of CEMETERY OF CREA	MATORY	24D. LOC		y, lown, or county! (Stote)
Burial	12/12/	,	udon Park Ce			Baltimore	
A. DATE REC'D	BY HEALTH DEPT.	258 NAME OF		25C. FUNERAL	10. 10.		ADDRESS
DECIA P	970 Robert E.	Jacobs &				uck Inc.	Balto.Md. 2121
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- 3 0 D	SEX 6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min,
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di di	5. Wos Deceased Ever in U. S. Armed Fore Yes, no or unknown) (If yes, give wor or date.		17. INFORMANT	Unknown	ADDRESS
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a a co	23C. PHYSICIAN'S	West Physical Land	23D. ADDRESS	rnys.	1/12/10
was r was r An at prior pprov	John D. Talber	H MD	5601 Loc	h Raven Blvd.	Balto. 21212
	24A. BURIAL CREMATION, 24B. DATE	24C, NAME of CEMETERY OF CR			ty, town, or county) (State)
the body shows: (1) was D.O. deceased	REMOVAL (Specify)			E 403 0	33 110 70 70 71
This cer the bod shows: was D.G decease	Burial 12-14-	70 Sacred Heart	Cemetery 25C. FUNERAL	17401 German Hi	II Rd. Ea.Co. Md.
This ce the books: was D. deceas	1 A 1890 Pale & E	Jaban Hall	alakale	al reiler Ba	s. Conkling St.
	VS 150-REV. 1/1/68		- I salvestock		

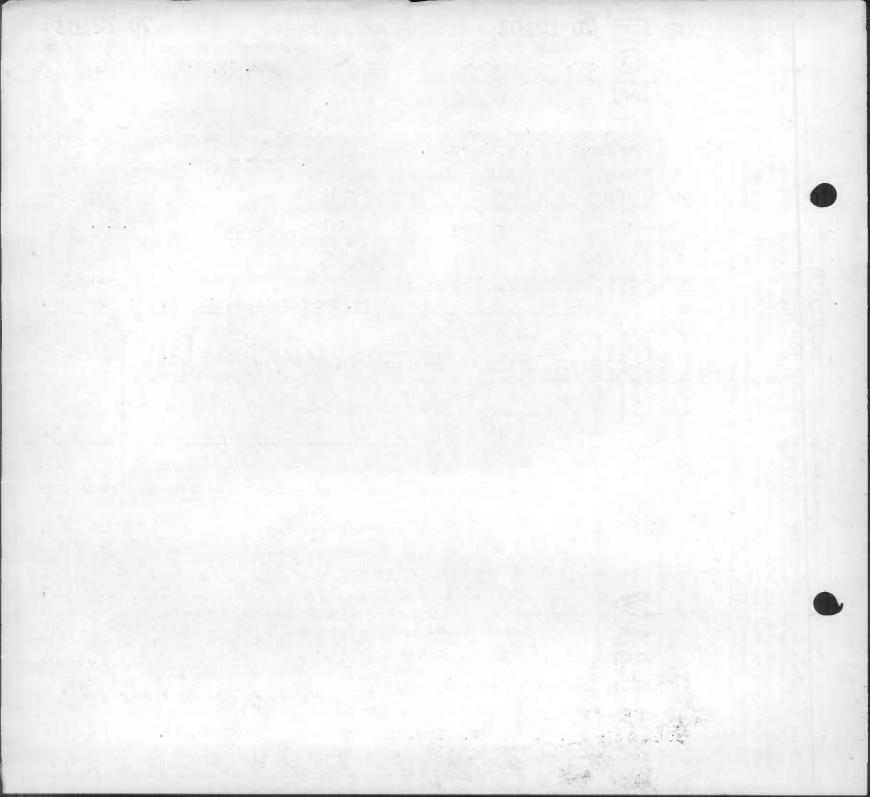
1/100		BALTIMORE CIT	HEALTH DEPARTMEN	ıT	70 121.02
H-650	70 12102		TE OF DEAT		
BIRTH NO.	10	CERTIFICA			
(Type or Print)	. A A	1.4000	2. DA	E AND HOUR OF DEA	ATH
3. PLACE IN BALTIMORE A	MARYLAND, WHERE PRONOUN	CED DEAD	14 USUAL PESIDENCE	412/70	If institution: residence before ac
	The state of the s		W SINIE P	COUNTY	Il institution: residence before ac
LIOSTIAL OK ADD	OT IN HOSPITAL OR INSTITUTION	ON, GIVE STREET	Md.		28-41
INSTITUTION			C. CITY OR TOWN		INSIDE CITY LIMITS?
K	1/		E. STREET AND NUMB	-	YES NO
don vec	our HOSPIT	GL.			3827 Woodbin
5. SEX 6. RACE	7. ALADRICO III	NEVER MARRIED	8. DATE OF BIRTH		ices
E 14	WIDOWED		1. 20.00	9. AGE (In years last birthday)	Months Doys Hours
IOA. USUAL OCCUPATION	ive kind of work IOR, KIND OF RI	DIVORCED	MAK. DU, 00	82	
one dutting most of working tile,	even it tellied)	1	LI SIKITE CE (SIGIO O	Toreign country)	12. CITIZEN OF WHAT C
Housewi	-E scurr	home	US	4	USA
13. FATHER'S NAME	6/1/0	11/1-1	14. MOTHER'S MAIDEN	NAME /	21 2000
Cont nou		Milkont	TIMES	sun Rin	Vk Leellon
15. Was Deceased Ever in U. (Yes, no or unknown) (If yes, gi	S. Armed Forces?	SOCIAL	17. INFORMANT	- WANG	ADDRESS
Mn S	1	SECURITY NO.	- OTTITE	7-0-1	
1B. 2/	one :	CAUSE OF DEAT	5 PATTEN	TS CHART	
DISEASE OR CO	NDITION DIRECTLY	CHOSE OF DEAT			APPROXIMATE IN
	TO DEATH		HEPATHIC	INSUFFICIE	NCV 710
(This does not moon the set to th	he made of dying, e.g.,	(A) IMMEDIATE CAL	SE A CONSEQUENCE OF:	2.000 .7070	Total
injury or complication v	olc. Il means the disease,	4			'
ANTECEDE	NT CAUSES	Applica	esteros can	liorasellar	descare.
DISEASES OR COND	ITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	000000000000000000000000000000000000000	
rise la lhe abave UNDERLYING CONDIT	cause (A) slating the	~//		Syndiono	
ONDERENING COMDIT	ON IOSE	(c)	no Oracce	-gravino	
OTHER SIGNIFICANT CON	III				
E ITO THE DEATH BUT NOT	RELATED TO THE TERMINAL				Aller of the last
DISEASE OR CONDITION	N 198 CONDITION FOR WHI	CH OPERATION	20A. AUTOPSYTE	Noll 208, IF YES WE	RE FINDINGS CONSIDERED
E	WAS PERFORMED		YES NO	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21A, ACCIDENT WAS U	IDERLYING 21B. PLA	CE OF INJURY (e.g., in	or about 21C WHERE DE	0 00 00	mare City, give exoct location)
OR CONTRIBUTING CA	MISE OF Ihama (arm, factory, street, of	ice bldg. INJURY OCCU	22	man and the avect locotton!
		URY OCCURRED	015 110 11		
OF INJURY (APPROX)	While A			INJURY OCCUR?	
	Wark	At Wark			
	nis hospital) ottended the d		Dec 9	_19 70_to	DEC 12 19
that (1) (we) last saw	the deceased olive an	Du 15	19 7 O on	•	apinion deoth accurred an ti
and hour and from the	causes stated above. (1) (W	e) (did) (did not) vi	ew the body after dea	the	
23A. SIGNATURE	10 0			****	23B, DATE SIGNED
Ma	well dal	/ Dhum	ding Med.	Staff Phys.	0-11-1-
23C. PHYSICIAN'S		GEGREE Phys	Director L 3D. ADDRESS	rmys. y	Dec /12/7
NAME (Typel	1 0 . 1 1	113			
24A. BURIAL CREMATION, 2	B DATE DICKE	M. D. GEGREE	447000		
REMOVAL (Specify)	11 A- MIT	of CEMETERY OF CRE	VIATORT 241	LOCATION	(City, Jawn, or county) (5
Dural X	el. 16,1970 /16.	Henre 12	neles	Rankolli	Moun >
25A. DATE REC'D BY HEALTH	DEPT. 25B. NAME OF RI		25C. EUNERAL DIREC	TOR /	ADDRESS
DECIA TAN	Robert E. Jacker	72.0	2 marsh	1911 / lours	W Biloniel
/S 150-REV. 1/1/68			1	- Seer C	a de la lavel



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. a hospital and This certificate must be approved by the chief medical examiner or his assistant if death occurred in

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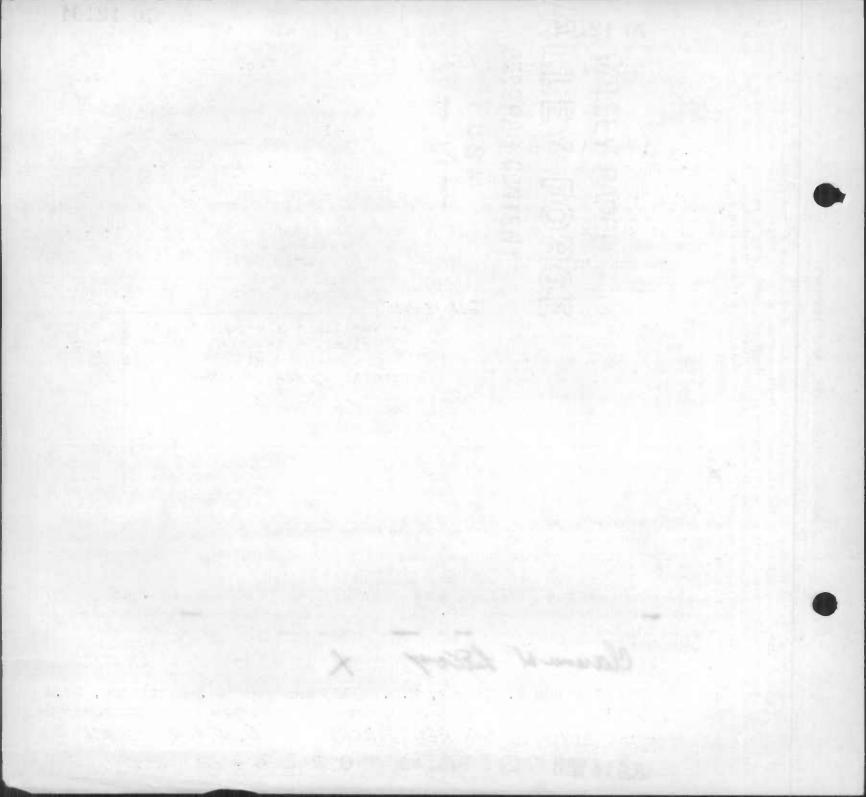
1	2			BALTIMORE CITY	HEALTH DEPARTMENT				
BIR	D-46	25 70 12	103	CERTIFICA	TE OF DEATH	REG. NO	70 12103		
	AME OF DE	CEASED			2. DATE	AND HOUR OF DEATH	7.		
119	Je or rains	Emilie	Sals	one	De	c. 13,1970	1,05 A. M.		
3.	PLACE IN BA	ALTIMORE, MARYLAND, W			4. USUAL RESIDENCE (W A. STATE B. COL	here deceased lived. If in	nstitution: residence before odmission)		
HC	SPITAL OR	F (IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	Md.	D. INS	IDE CITY LIMITS?		
1		Havens Nurs	sing Hom	ne	Baltimore		YES X NO		
	11	Pen Hurst Road			E. STREET AND NUMBER				
/	0	1011 1102 5 0 11000	a y bar out	1010 9124	3326 W. Belve	edere Ave.			
5. 5	EX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.		
w.	mala	White	WIDOWED		Nov9,1883	last birthdoy)	Months Doys Hours Min.		
	male	CUPATION (Give kind of work					12. CITIZEN OF WHAT COUNTRY?		
	e during most	of working life, even if retired) ewife	Oem 1		Italy	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	U.S.A.		
13.	FATHER'S N	AME			14. MOTHER'S MAIDEN N	AME			
1.5	141 - 5	at East to the C. A. of E.	?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
(Ye	wos Deceos s, no or unknov	ed Ever in U. S. Armed Fore	s of service)	SECURITY NO.			Barrinore		
	No	None			Mr. John Lisitano, 3326 W. Belvedere Ave.				
	18. / / /	/ Co I		CAUSE OF DEAT			APPROXIMATE INTERVAL		
	(This does heart failur injury or c	ASE OR CONDITION DIR LEADING TO DEATH not meen the mode of e, ostherio, etc. It meens omplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) NG CONDITION lost.	dying, e.g., the discose, deoth.)	(B)	A CONSEQUENCE OF:	th rom bos;	is I hour		
ATION	TO THE DE	II VIFICANT CONDITIONS COL ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	HE TERMINAL T 1 (A).		170 A	N. J. COR. J. W. C.	THE PARTY OF THE P		
ERTIFIC	19A. DATE	OF OPERATION 198. CON		VHICH OPERATION	ND	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?		
AL CE	21 A. A CCIE OR CONTRI DEATH (not	DENT WAS UNDERLYING [IBUTING CAUSE OF ity medical examinet)	21 B, hometc.)	PLACE OF INJURY (e.g., i e, form, foctory, street, o	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exoct locotion		
MEDIC	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED Not While At Work		NJURY OCCUR?			
	22 1	6., ahaa /1) (ahia haasisal		,	200 1 11	169	Dec 13 1970		
		fy that (I) (this haspital			your !	1907 to			
	that (I) Lw	e) lost saw the decease	d olive on	NOV, 23	19-/-Oond	that In(my) (our) op	inian death occurred on the date		
	and haur o	and fram the causes stat	ed obove. (I) (We) (did) (did not) v	view the body after deot	h.			
	23A. SIGN A	Albroham 1	3. Hu	with MD Atte	ending Med.	Staff Phys.	Dec. 14 1970		
	23C. PHYSIC NAME	CTYPE ABRAHAM	B. HURG	NITZ MD	ending A Med. Director D 23D. ADDRESS 7501 Liber	ty Re Bak	Forme, Md.		
24/	A. BURIAL C	REMATION, 248. DATE	24C. NA	ME of CEMETERY OF CR	EMATORY 24D	LOCATION (C	City, town, or county) (Stote)		
	REMOVAL		3000 3	H 074 C	+				
	Buria			t. Olive Ceme		Woodlawn, Md			
25/	A. DATE REC	D BY HEALTH DEPT.	25B. NAME C	F REGISTRAR	25C. FUNERAL DIRECT	OR,	ADDRESS /		



		TY HEALTH DEPARTMENT 70 12104
Die	RTH NO. 70 12104 CERTIFIC	ATE OF DEATH REG. NO.
1.1	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Ту	Bernard Francis McDonald	R. Dec. 11 1970
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	14. USUAL RESIDENCE (Where deceased lived, If institution: residence before ode
FU	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	Md. 26-11
	OSPITAL OR ADDRESS OR LOCATION) STITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
		Baltimore YES X NO
1	414 S. Bouldin Street	E. STREET AND NUMBER
2		414 S. Bouldin St.
5.	SEX 6. RACE 7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. It Under lost birthday) Months: Days Hours
	Male White WIDOWED DIVORCED	3 21012 021 00 10 10 10
	A_USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST the during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO
	Selling Icex	Maryland U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Lawrence McDonald	Mary Leek
15.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
116	s, 49 of unknown) (If yes, give well detect of service) SECURITY NO.	Roberta McDonald 414 S. Boulding
	7/8-18-5486 CAUSE OF DEA	ATH APPROXIMATE INT
	17605	Papillary Adenocarcinoma BETWEEN ONSET AN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Primary Site undetermined 7 mo.
	(NIMAMEDIATE C	AUSE S A CONSEQUENCE OF: With
		natic spread to lungs
		ia vio opi caa vo iango
	ANTECEDENT CAUSES (B)	AS A CONSEQUENCE OF:
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR rise to the above cause (A) stating the	AS A CONSEQUENCE OF:
	UNDERLYING CONDITION last. (C)	
	11	
ATION		
FIC	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ERTIFI	0	1/10
U	OR CONTRIBUTING CAUSE OF	office bldg., INJURY OCCUR? (II in Battimore City, give exact location)
CAL	DEATH (notify medical examiner) etc.)	
EDI	21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
2	While At Not W	
	VYOR C AT VYO	
	22. I certify that (I) (this haspital) attended the deceased from	70
	that (I) (we) lost saw the deceased alive on Dec . 11	19 70 and that in(my) (ear) aplalan death occurred on t
	and hour and from the couses stated above. (1) (We) (did) (did not	view the body ofter death.
	23A. SIGNATURE	23 B. DATE SIGNED
	Clarene W. Lettony	Attending Med. Staff Phys. 12/12/70
	23C. PHYSICIAN'S	23D. ADDRESS
	NAME (Type) Clarence W. LeDoux, M.D.	. 3023 Eastern Ave. Baltimore, Md.1
24	DEGR	
24	REMOVAL (Specily)	
	Burial 12/15/70 SACRED F	TEARS DUNDALK MO.
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	MERIL WITH QUEER JABOURE	1 WHO WEBER & SONS

ADDRESS 414 S. Bouldin APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH inoma rmined 7 mo. S S, WERE FINDINGS CONSIDERED in Battimore City, give exact location) Dec. II our) apinion death occurred on the date 23 B. DATE SIGNED 12/12/70 Baltimore, Md.1 (City, town, or county) ADDRESS

70 12104



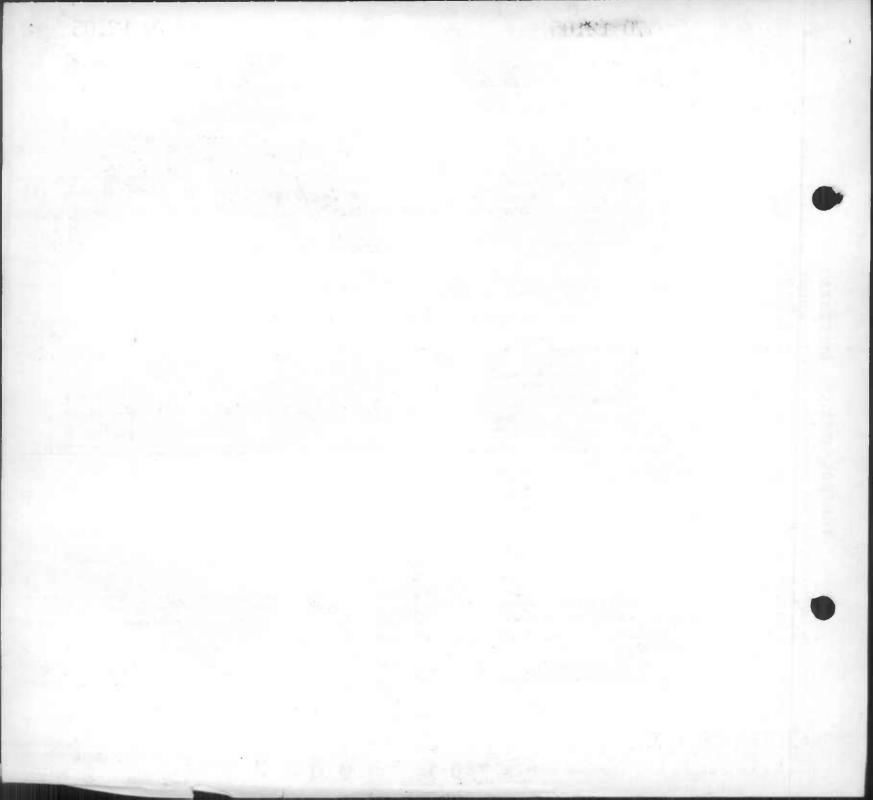
IMPORTANT FUNERAL DIRECTOR:

This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE	CITY	HEALTH	DEPARTA	MENT
CEDILL	CA .	TE O	DEA	77.1.1

	170	4	01	0-
REG. NO.	70	Ja	CA.	U

BIRTH NO. 170 112105	CERTIFICA	TE OF DEATH	REG. NO.	/U 12i05 ·
1. NAME OF DECEASED	Unis	1:	2/12/70	1/P M
FULL NAME OF HOSPITAL OR IN ADDRESS OR LOCATIONI 42 MACHINET STATEMENT OF THE PROPERTY OF TH	ISTITUTION, GIVE STREET	A. STATE B. COUN C. CITY OR TOWN E. STREET AND NUMBER		DE CITY LIMITS? YES NO
5. SEX 6. RACE 7. MARR WIDOW	VED DIVORCED	5/25/11	ost birthday	Il Under 1 Yr. Il Under 24 His. Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KINI done during most of working life, even if refired)		Md.		12. CITIZEN OF WHAT COUNTRY
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, heart failure, asthenia, etc. Il means the diseinjury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives to the above cause IA) stating UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R. CONDITION FOR CONTRIBUTING CONTRIBUTING CONDITION FOR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	CAUSE OF DEATH CAUSE OF DEATH (A) IMMEDIATE CAUSI DUE TO, OR AS A (B) DUE TO, OR AS A (C) OR WHICH OPERATION 218. PLACE OF INJURY (e.g., in a home, form, foctory, street, officeld)	CONSEQUENCE OF: CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No) or obout 21 C. WHERE DID	UASCULON C	ADDRESS SAME APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CALLS MINOS CONSIDERED SES OF DEATH? City, give exoct locotion)
	Attend DEGREE Phys. 231	19 ond that we the bady after death.	ir((my) four) opini	ion death occurred on the date 238, DATE SIGNED 12/12/20
Bueia 12-15-70	NAME OF CEMETERY OF CREM ALE OF REGISTRAR	ATORY 24D. LOI	Balto, 1	ADDRESS
VS 150-REV. 1/1/68	E 26 0 0 0	Pelson AH!	" NOW ICE Y	HOUN ST



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

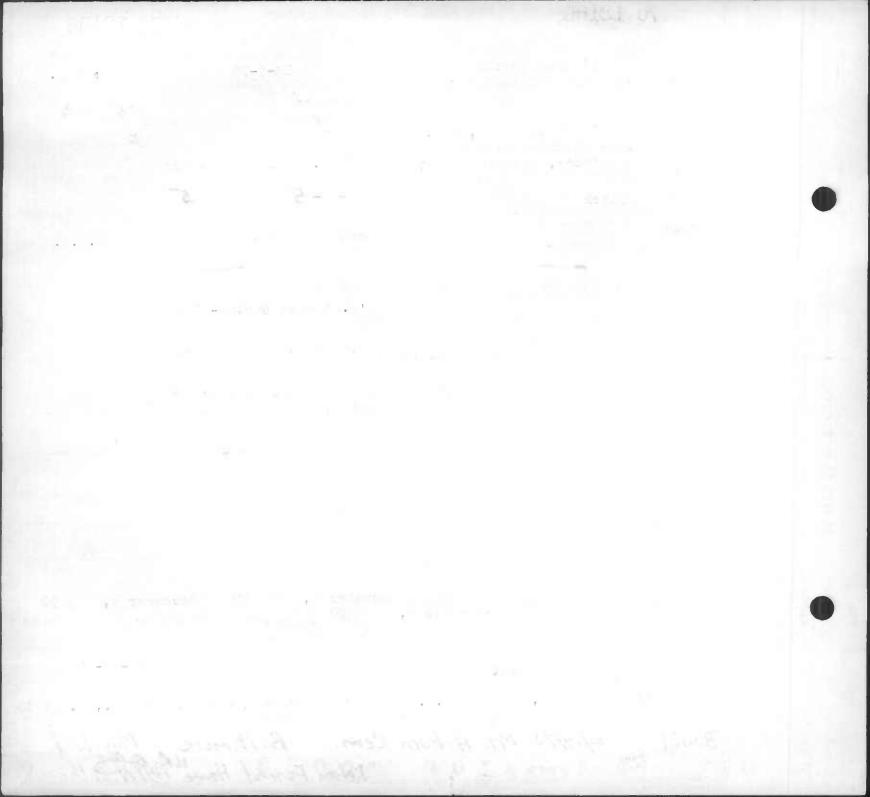
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771	1	شد	U	0	

BALTIMORE CITY HEALTH DEPARTMENT

OF DEATH

		70	4	Oil	\cap	ĺ
REG.	No	10	7	and.	U	1

BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	70 1010
I. NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
(Type or Print) Linwood E	Burton	12-9	7-70	111+35 p. M
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. If in	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL O HOSPITAL OR ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	Maryland	NII	16-01
Provident Hos		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
1514 Division	Ctroot	Baltimore		YES NO
Baltimore, Ma		827 N. Arlin	gton Avenue	
	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male Black WII	DOWED DIVORCED			
dane during most of working life, even if retired) Retired	RIND OF BOSINESS OF INDUSTRE	North Carolin		12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA		U.S.A.
		THE THE PARTY OF T		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) lif yes, give war or dotes of :	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		M's Bernice B	urton-Wife	SAME
DISEASE OR CONDITION DIRECT	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
(This does not mean the made of dyin heart failure, asthenia, etc., it means the cinjury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony,	g. 9., DUE 10, OR AS disease, h.) with Con (8) Renal DUE 10, OR AS	Arterioscler ACONSEQUENCE OF: gestive Heart : Failure A CONSEQUENCE OF:		222222222222222222222222222222222222222
rise to the above couse (A) statis	ng the (C)			***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TER	MINAL			
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A 1994 DATE OF OPERATION 1198. CONDITIO WAS PERFORM:	N FOR WHICH OPERATION	YES	208. IF YES, WERE F	INDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exomine)	218 PLACE OF INJURY (e.g., i home, form, factory, street, of etc.)	n or about 21 C. WHERE DID	(If th Boltimore	City, give exoct lacation)
21D. TIME (Month! (Doy) (Year! (How of INJURY)	White At Nork White Work	21 F. HOW DID INJ	URY OCCUR?	
22. I certify that (I) (this hospital) atte			10 70 to Dece	ember 9. 1970
that (1) (we) lost saw the deceased all	December	70	17	Ian death accurred on the date
and hour and from the causes stated al	bave. (1) (We) (did) (did not) v	lew the body ofter death.		
23 A. SIGNATURE	Alto Alto	nding [X Med.	Stoff Phys.	238, DATE SIGNED 12-14-70
23C. PHYSICIAN'S NAME Typel Elijah Saunders,	DEGREE	2300 Garrison		Balto.,Md. 2121
	24C. NAME of CEMETERY OF CRE			
REMOVAL (Specify) 12/14/20	M+ Ashura	Cem. Ba	Himore City	, town, or county! (State)
	1 11 7 000011	C	/ / / / / / / / / / / / / / / / / / /	10501/11/11



approved

the body was released to the shows: (1) An accident of any n

(4) Undetermined cause; prior contributing occurred 10 90 eceased death 2 O SD direct the 3 assistant death 0 kind; ance any pronounced attend his of fracture gular examiner who re (3) A 2 physician chief medical Was No physician (2) Body where the 8 the hospital any nature; 9

of death Deceased and

hospital

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attendance (2) cause

death.

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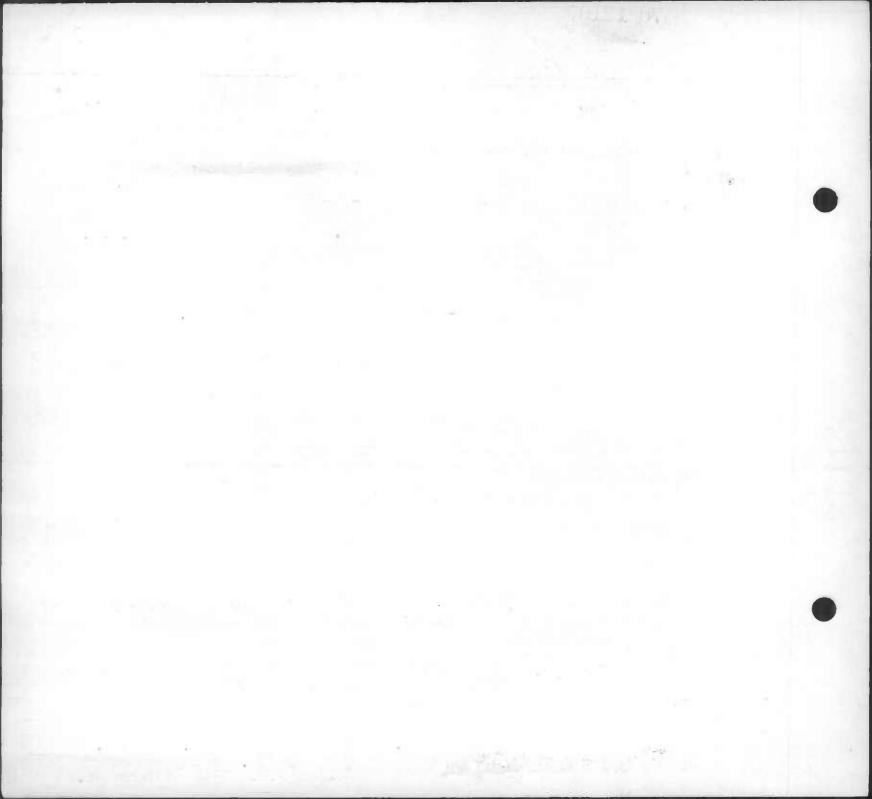
D.O.A.

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS 7. MORE YES W NOF ONTEBELLO STATE HOSPITAL. E. STREET AND NUMBER faryknoll 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 9. AGE (In years If Under 1 Yr. lost birthday Hours Female Negroid 9-10-23 WIDOWED A DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) done during most of working life, even il retired! Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Howard Rich Bertha 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (II yes, give wor or dates of service) 17. INFORMANT 16. SOCIAL ADDRESS SECURITY NO. 0-20-6502 Slvvia Hurley-daug. CAUSE OF DEATH APPROXIMATE INTERVAL DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: CORD. & CARCINOMA heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) Tonque. ANTECEDENT CAUSES (B)______DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 20A. AUTOPSY? (Yes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical examined) 21 D. TIME OF INJURY (Month) (Day) (Hour) (Year) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not White (APPROX.) Work 22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) lost saw the deceased alive an. and hour and from the causes stated above. (1) (We) (dld) (dld nat) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending | Med. Staff Director _ 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS JORGE MB DEGREE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) rbutus Ild. 258, NAME OF REGISTRAR 25C TUNERAL DIRECTOR ADDRESS

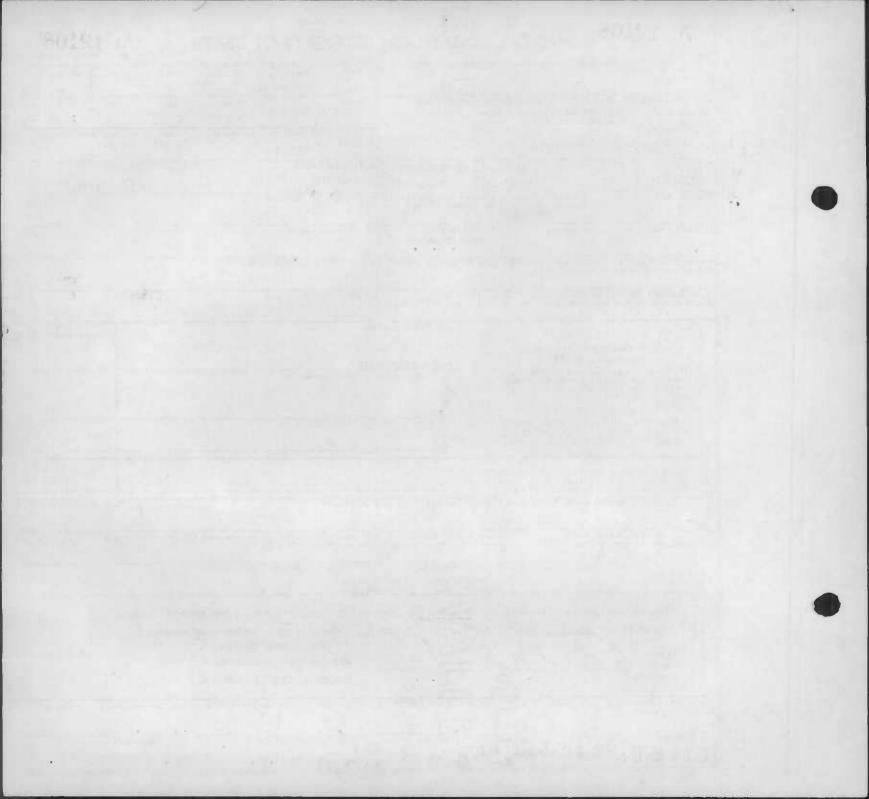
4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
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B, COUNTY If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? BETWEEN ONSET AND DEATH and that In(my) (aur) opinion death occurred an the date valhoun st. VS 150-REV. 1/1/68



VS 151-REV. 1/1/68

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result	ted from: Na	tural cause	X	Accid	lent D Sulci	de H	omicide [ed mann	_			
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REMOVAL (Specif	7	12-12-	7	13					Balt		Md.			
SA. DATE REC'D	BY HEALTH D		25B. NA		REGISTRAR		FUNERAL DIR	ECTOR	Trans.	133	ADDR	ESS		
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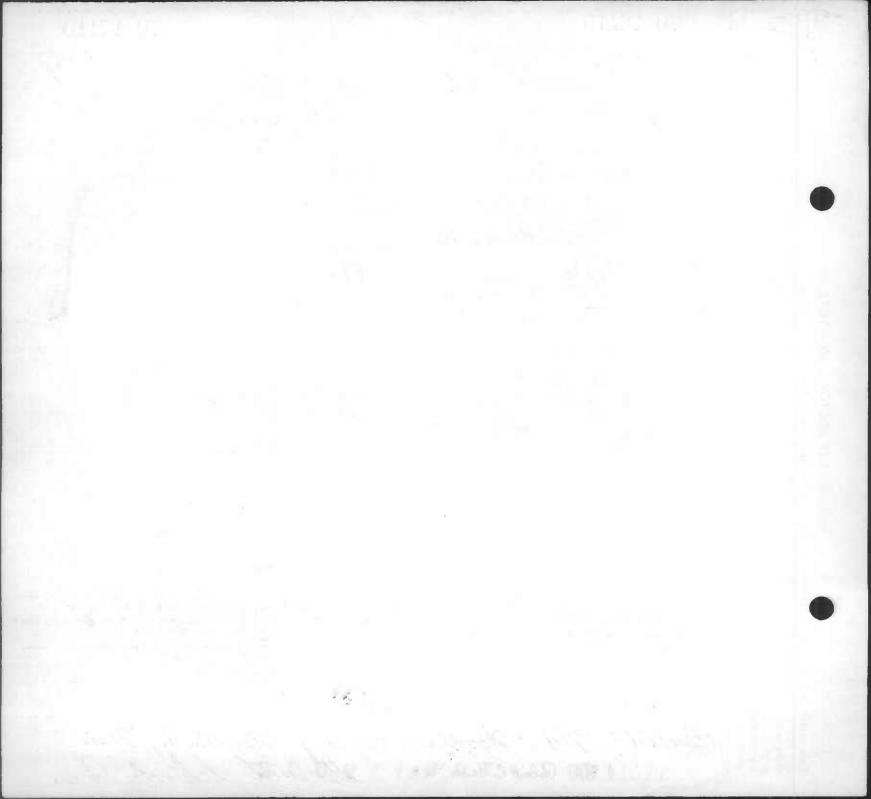
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death.

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) HALL. George 10 Dec 1970 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission) A. STATE B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. TINSIDE CITY LIMITS? Harbor View Wursin Conv Center Baltimore YES NO E. STREET AND NUMBER Greene Street 5. SEX 6. RACE 8. DATE OF BIRTH 7. MARRIED THE NEVER MARRIED 9. AGE (In years If Under 1 Yr. Il Under 24 Hrs. Hours : Min. lost birthdox Months: Doys Hours WIDOWED DIVORCED Nerro 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (Il yes, give war or dotes of service) SECURITY NO. June Verrone -10 Light t. - alto., 217-580135 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made at dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO. OR AS A CONSEQUENCE rise to the above cause (A) storing the UNDERLYING CONDITION last. (c). CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20% IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, lorm, loctory, street, affice bidg., INJURY OCCUR? (II In Boltimore City, give exact location) MEDICAL DEATH (notify medical examined) etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an. and that in(my) (aur) opinion death accurred on the date and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23 & DATE SIGNED Attending [Med. Phys. Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION. 24C. NAME OF CEMETERY OF CREMATORY 24B. DATE 24D. LOCATION (City, town, or county) REMOVAL (Specify) National Cemetery 25C. FUNERAL DIRECTOR ADDRESS

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	BIRTH NO.	CERTIFICA	TE OF DEATH REG.	. No. /U 1621U
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	3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONO UN CED DEAD	4. USUAL RESIDENCE IWhere deceased I	ived. If institution: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	13-03
5	0 1 1 = 11	/	13	YES 7 NO T
	provident 1705	MAI	E. STREET AND NUMBER ON SE	H St
		RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In y	oors If Under 1 Ye, If Under 24 His.
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	done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY
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	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	William Beale		Flora	
	15. Was Deceased Ever in U. S. Armed Forces? (Yas,no or unknown) (If yas, give wer or doles of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	1/2	7-12 247142	- Chart	
	18.	CAUSE OF DEATH	C) Viii	APPROXIMATE INTERVAL
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	LEADING TO DEATH	(A)IMMEDIATE CAU	11. 1	effing 2 wells
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	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS,	A CONSEQUENCE OF:	
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	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 1794-DATE OF OPERATION 1798. CONDITION F WAS PERFORMED 214-ACCIDENT WAS UNDERLYINGE	NG NAL		20000000000000000000000000000000000000
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	OF INJURY Month) (Doy) Your) Hour	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR	
Ш	(APPROX)	While At Not While At Work		
	22. I certify that (1) (this hospital) attend		1/16 - 24	13/10 9
	that (1) (we) last saw the deceased alive		19 19 to and that Ip(my) (6	our) opinion death occurred on the date
	and hour and from the causes stated above			our opinion death occurred on the date
	23A. SIGNATURE	- (1-1) (1-1-1) (1-1-1) (1-1-1) (1-1-1)	ew the body after death.	238, DATE SIGNED
	I light they	Atter	ding Med. Staff	12/0/20
	23C. PHYSICIAN'S NAME (Type)	DEGREE Phys.	Director L. Phys. L. 3D. ADDRESS	DRILL Pulls has
	24A- BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CREATER	MATORY 240. LOCATION	N 1010 6 palle, Mis.
	REMOVAL (Specify)	Handle and	Por della De 11	aun Mas
	25A. DATE REC'D BY HEALTH DEPT. 25B. NA!	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	audi, filai
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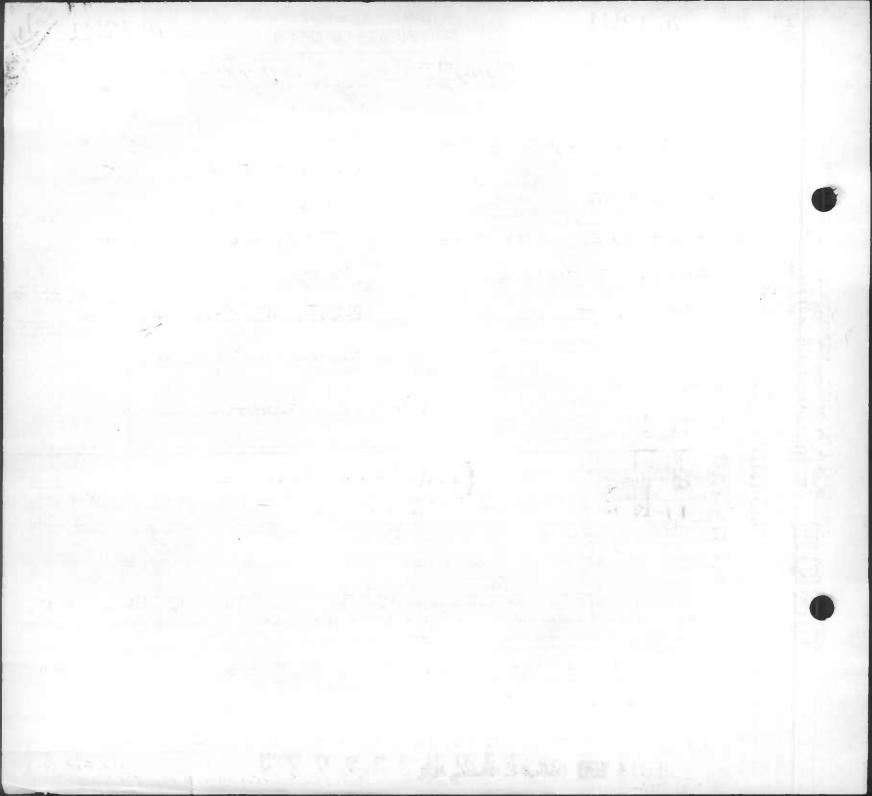


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REG. NO	70	12111	7
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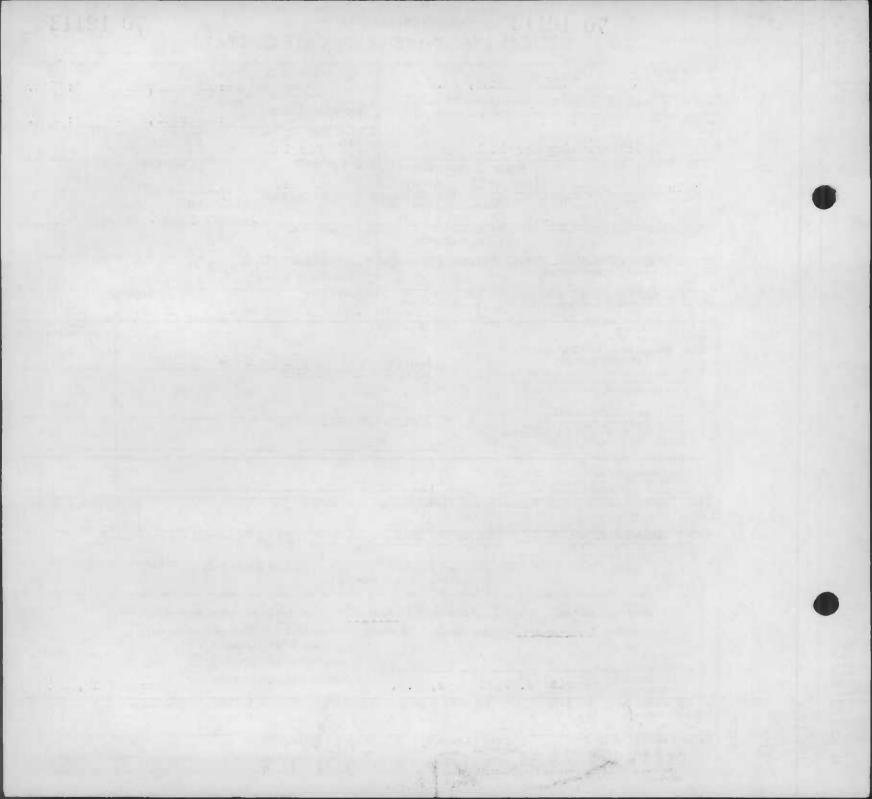
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TYPE OF PARTY ELIZHBETH MONE PLESS	2. DATE AND HOUR OF DEATH
N/9rv	12.13.1970 - 1.50 aym
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 8. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	macyland 20-05
INSTITUTION TO THE PROPERTY OF	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Lutheren slagetal of md.	BAITO. YES NO
1/6	E. STREET AND NUMBER
5. SEX / 6. RACE /7. MARRIED TO ALTER MARRIED	8. DATE OF BIRTH 9. AGE (In years I if linder 1 Yr. If linder 24 Her
MARKIED NEVER MARKIED	last birthdayl Manths: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	10 - 15 - 17 5-3 yrs 12. CITIZEN OF WHAT COUNTRY?
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	14. MOTHER'S MAIDEN NAME
William - Headle	Mary
15. Was Deceased Ever in U. S. Armed Faices? (Yes, no ar unknown) (II yes, give war or dates at service) SECURITY NO.	17. INFORMANY 2120 W. Pre TT ST
No -	Themas R. Pless Ballo, Md.
18. CAUSE OF DEAT	H APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	USE Cancer Head of Fanceas A CONSEQUENCE OF:
(This does not mean the made of dying, e.g., heart follure, asthenia, etc. It means the disease, injury or complication which coused death.)	A CONSEQUENCE OF:
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\$ 1-20 70 WAS PERFORMED Obstratie Bunch	IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in local contributions) 21B. PLACE OF INJURY (e.g., in local co	in or about 21C. WHERE DID (If in Baltimore City, give exact location) lince bldg., INJURY OCCUR?
21D-TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
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22. I certify that (I) (this hospital) attended the deceased from	19 16 10 12 15 19 77
that (I) (we) lost sow the deceased alive on 12, 13	19ond that in(my) (our) opinion death occurred on the date
and hour and from the causes stated above. (1) (We) (did) (dtd not) v	lew the body ofter deoth.
23A. SIGNATURE	238, DATE SIGNED
DEGREE	anding Med. Stoff Med. 12-13.70
	23D. ADDRESS
H. Grace DEGREE	Lutheran Hesp Balla mil
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	EMATORY 240, LOCATION (City, town, or county) (State)
Burial 12/16/20 Lorraine	Park Cem BalTomore Md
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	0.0
DEC14 BM Rober & Jake Ka	2 George L. Schwab Inc Balto, Med.
VS 150-REV. 1/1/68	Marge L. Schulds Luc Balle, Mel



70 1	2112			HEALTH DEPARTMENT	REG. NO.	70 12	2112
BIRTH NO.			CERTIFICA	TE OF DEATH			
1. NAME OF DECI	PARTLOW M				13/70	1	:25PM M.
3. PLACE IN BALT	IMORE MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Whe	ro deceased lived. Il in	stitution; resider	nce before odmission)
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FEMALE	WHITE	WIDOWED	NEVER MARRIED DIVORCED	06/28/34	9. AGE (In years last bisthday)	Months Day	to Il Under 24 Hrs. Hours Min.
lone during most of w HOUSEWI	orking life, even if refired)	O WN		MARYLAND	gn country)	U S	OF WHAT COUNTRY?
JOHN CA				14. MOTHER'S MAIDEN NAME RUTH CUDDY	ME		
5. Was Doceased Yes, na or unknown)	Ever in U. S. Armed For (II yes, glvo war or date	cos? s ol sorvice)	16. SOCIAL SECURITY NO.	17. INFORMANT			DRESS
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	OPERATION GIVEN IN PART OPERATION 198 CONT WAS PERF	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No	208 IF YES WERE IN CERTIFYING CA	FINDINGS CON USES OF DEAT	ISIDERED H?
OR CONTRIBUT	WAS UNDERLYING TO CAUSE OF Tredical examines		LACE OF INJURY (e.g., i form, lactory, street, of	n or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(II In Boltimar	e City, give exac	ct location)
	(Manth) (Doy) (Year)		NJURY OCCURRED Not Whill Al Work	21 F. HOW DID INJ	URY OCCUR?		
22. I certify t	hat ()) (this hospital)			0.7007=0	9to12	/13/70	19
	ast saw the decease			and the	at In (m) (our) opli	nian death oc	curred on the date
		ed obove. (()	(Me) (q1q) (x1x x2) ~	lew the body after death.			
23A. SIGNATUR		Zm	MY AHO	nding Med.	Shoff Ty	23B DATE SIG	18 1490
23C. PHYSICIAN NAME (Ty)	rs cel	LAISRIA	E Phys	3D. ADDRESS St GAME HAC	Phys. D	the	
4A. BURIAL CREM	ATION, 1248, DATE	24C.NA	ME of CEMETERY of CRE	MATORY 24D. LC	CATION (Cit	y, town, ar cou	ntyl (State)
Buria /	12/15/2	o Glen		enelery Glo	N BURNI	e	Maryland
ON DATE REGUL		- 107	REGISTRAR	25C, FUNERAL DIRECTOR	1	2101	Fred. Av
S 150-REV. 1/4/81	14 B/U	Bet E. Y	(Red Parks)	raperge L. S.	hwaly IN	c Ball	o. md.

CONTROL SECURITY OF STREET OF STREET SECTION

HOO	0	MED	ICAL	. EX	AMINER'S	CERTIF	ICATE	OF	DEAT	H REG. NO),		
I. NAME OF DE	CEASED	0				2. DATE	Known	LZS.	Month	Doy	Year	Hour	
(Type or Print)	JOHN	-WXWXD	- A	CCO	, JR.	OF DEATH	Estimo			ber 13			A.M.
4. PLACE IN BA	LTIMORE, MA	RYLAND, W	HERE PR	ONO	UNCED DEAD	3. DATE			Month	Doy	Yeor	Hour	
FULL NAME OF HOSPITAL	(IF NOT	IN HOSPITA	LORINST	OITUTIO	N, GIVE STREET		DUNCED DE			ber 13			A.M.
ORINSTITUTION						A. STATE			deceased liv	ed. If instituti B. COUNTY	on: residence	before odmis	ision)
Ва	1timore	City !	Hospi	tal			Virgi	nia			1	- 4	3
6. SEX	7. RACE		8. MARR	IED [NEVER MARRIED	C. CITY C	RTOWN			D. INSIDE	CITY LIMITS?		
Male	Neg	ro	WIDOW	VED _	DIVORCED		Clove	r			YES	NO 🗆	
1.5 CILL	1/434	10. AGE (In lost birthdox 3	()	Month:	ler I Yr. 11 Under 24 Hrs. s. Doys Hours Min.	E. STREET	AND NUN	(B.	altimo	re rv=140'	3 Ralei	oh Wav	()
II. BIRTHPLACE	State or foreig				TIZEN OF HAT COUNTRY?	13. FATHE	R'S NAME	1	PR	PA	, italica	<u> </u>	/
IAA USUAL OCCU	IDATION/Give	kind of work	AR KIND	OF RI	USINESS OR INDUSTR	Y 15 MOTE	IEP'S MAIDI	IN NAA	AF J	40			
done during most of	working life, eve	en If retired)			DSINESS OK HADOSIK	For	use	>	scot	1			
Yes, no or unknown	SED EVER IN (J.S. ARMED	FORCES of service)	SECURITY NO.	IS. INFO	MANT	R.	20	noll	ADDRESS	1, D,	CI
19.	11 11 11 11				CAUSE OF DEA	TH	700	13/	100			PPROXIMATE IN	
(This does in heart failure injury or co	SE OR CONDI LEADING TO not meen the e, osthenio, etc. mplication which NTECEDENT	DEATH mode of dy it means the h coused dea			(A) IMMEDIATE OF TO, OR		Cor	bov	inum				
I UNDERLYI	OR CONDITION OF CALLING CONDITIONS	ONS, IF ANY USE (A) STAT ON LAST.	, GIVING ING THE		(c)	AS A CONS	EQUENCE O	F:					
O TO THE DE	NIFICANT CON EATH BUT NOT R CONDITION	RELATED TO	THE TERM	INAL									
20A. DATE O					HICH OPERATION W	AS PERFOR	MED				21. AUTO	PSY? (Yes	or No)
Ö											Y	es	
UNDERLYING	RNAL CAUSE	TRIB-		22B. Pi hom e,	ACE OF INJURY (e.g., farm, loctory, street, office	In or obout e bldg., etc.)	22C, WHER	E DID ((if In Boltimo	re City, give e	xact location)		
		oy) (Year) (Hou		ELINJURY OCCURRED	WHILE	22F. HOW	DID IN	JURY OCC	JR?			
23.	tify that I he	eld on 1	ngulry [_		topsy X	and the	at on th	his basis.	death In m	nolniga v		
	Ited from: N			_						ned manner			
16301	()	2	<u></u>		CIOGHT EL SOICH		CHIEF MEI						
ACTUAL	\ / //	ul	1.	1	sato	AS	SISTANT ME			X		DATE SIG	NED
EXAMIN NAME (NER'S CI	narles	S. S	pri	ngate, M.D.	AS:	OCIATE ME	DICALE	XAMINER	□ Dec	ember	13, 19	70
24A. BURIAL CRE	MATION, 2	1 Aga	1.4	24C	NAME of CEMETERY	or CREMA	TORY	24D.	LOCATION	(City, to	wn, or county) (Sto	te)
25A. DATE REC'E	BY HEALTH	DEPT.	258. N	IAME C	OF REGISTRAR	250	FUNERAL	DIRECTO	DRIG	100	ADDRESS	0)
DECI	4 智利	Rober	186	an O	AND .	0 0	1000	Gr.D	1917	1,38	7 X	en!	W.



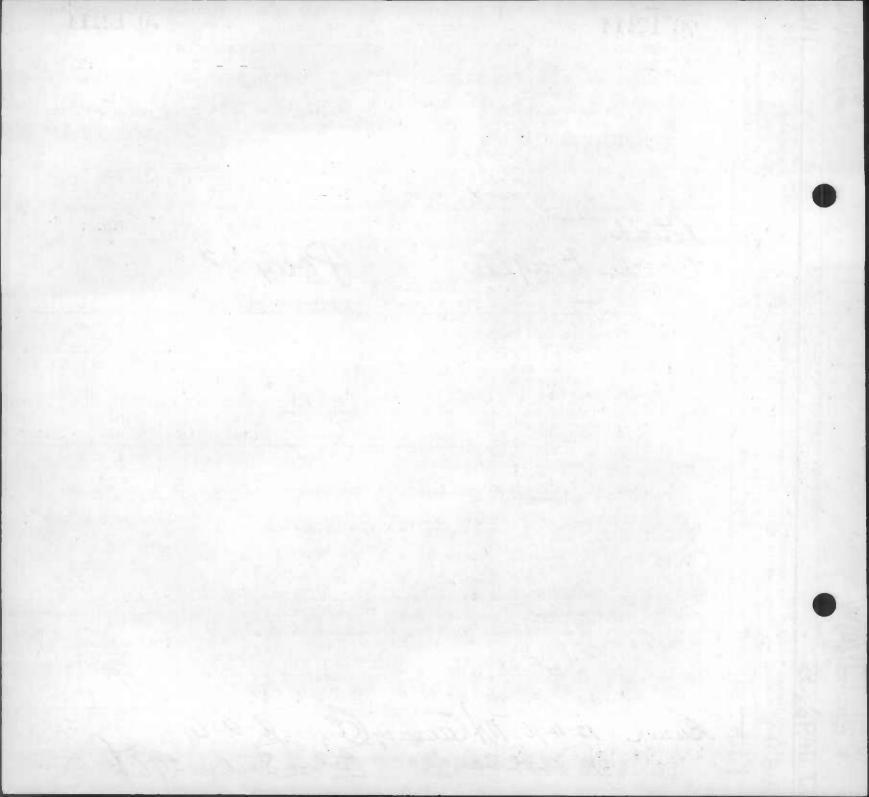
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE	CITY	HEALTH	DEPART	MENT

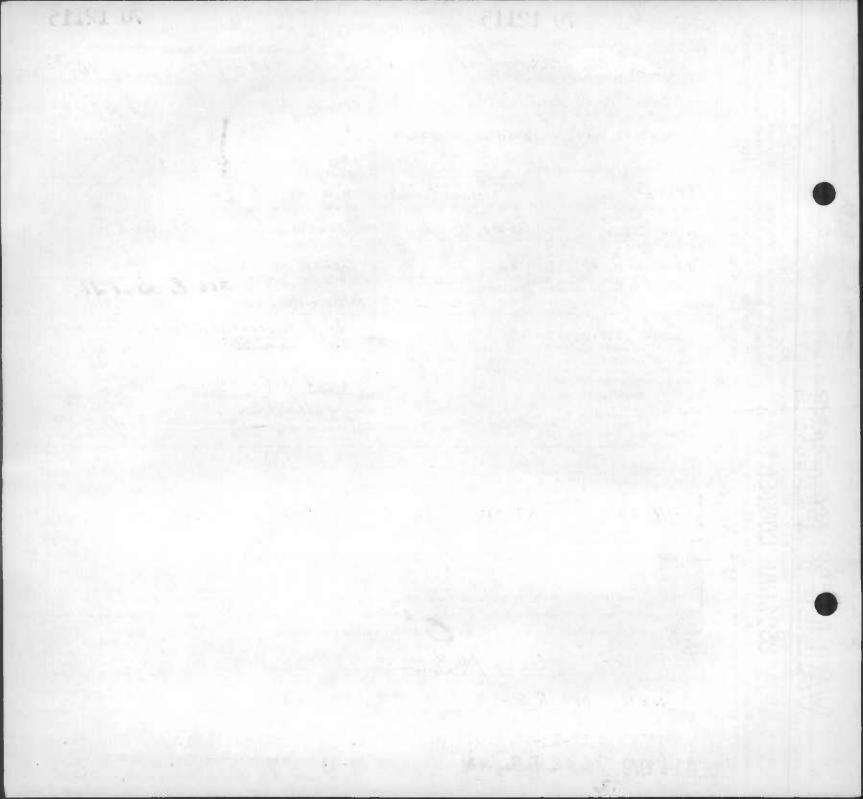
100	D	T	IE	10	AT	E	OF	DE	ATH	
	\mathbf{r}		IГ	10	AI				$A \sqcap$	

	171)	12114
REG. NO	_ (U	16.14

70 12114	CERTIFICA	TE OF DEATH	REG. NO	70 12114
I, NAME OF DECEASED			HOUR OF DEATH	
(Type or Print) EDMOND DOUGLASS		I2.	- 7- 70	9:30 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT		stitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INST HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	TITUTION, GIVE STREET	MARYTAND C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
BOLTON HILL NURSING CENTE	ER	BALTIMORE E. STREET AND NUMBER		YES NO NO
M. Carrier and Car			ST.	
5. SEX 6. RACE 7. MARRIE		lo	AGE (In years est birthday)	Months Doys Hours Min.
N N WIDOWE	Early Land	3-8-70	100	12. CITIZEN OF WHAT COUNTRY?
10A, USUAL OCCUPATION (Give kind of work 10B, KIND dane duping) most of working life, even it retired)	OF BUZINEZZ OK INDUZIKI			
Letered		NORFOLK VIRGI		U.S.A.
Charles Dougle	107	14. MOTHER'S MAIDEN NAM	5	
15. Was Deceased Ever in U. S. Armed Force?? (Yes, no or unknown) (It yes, give wor or dates of service	1 6. SOCIAL	17. INFORMANT		ADDRESS
res, no or dischowing the yes, give wor or dates or service	220-07-5465	ADMISSION REG	CORDS	
18. // O/ XI	CAUSE OF DEAT		20100	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
injury or complication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving the course (A) stating the UNDERLYING CONDITION tost.		nelity A CONSSOUENCE OF:	eolyf	yens
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
DISEASE OR CONDITION GIVEN IN PART 1 (A), 19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED	***************************************	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., inome, form, foctory, street, of	n or obout 21C. WHERE DID	(If in Baltimor	e City, give exoct location)
21D. TIME (Month) (Doy) (Year) (Hour) 2	While At Not While Work At Work		RY OCCUR?	HITE THE
22. I certify that (I) (this haspital) attended	the deceosed from	11/16 19	70 10 /	2/7 1970
that (1) (we) lost sow the deceased alive or	12/	8 19 22 and the	t in (my) (our) opi	nion deoth occurred on the dote
and hour and from the causes stated above.	(I) (We) (did) (did not) v	iew the body ofter death.		
23A. SIGNATURE			- 4	23 B. DATE SIGNED
alt May	DEGREE Phy	nding Med. Director	hys.	12/8/73
23C. PHYSICIAN'S NAME (Type)	ALHT MO	23D. ADDRESS	Bulto	M 2/202
24A. BURIAL CREMATION, 24B. DATE 24C. (Specily)	NAME OF CEMETERY OF CRI	MATORY 24D, 10	CATION ICE	ity, town, or county) (Stote)
	E OF REGISTRAR	250 FUNERAL DIRECTOR	, 00	ADDRESS SE
DEC 14 1970 Gabus E. V	ALLEY TEST	arigner dur	idere 21	16 predon of



1	H-536 70 12115 BALTIMORE CITY HEALTH DEPARTMENT 70 12115
	CERTIFICATE OF DEATH Registered No.
ath sed the uch	M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
0000	(Type or Print) GLADYS R. HUNTER 12/12 1.70 12 35 AM.
F d d d d d d d d d d d d d d d d d d d	3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before odmission)
G O O O	A. STATE B. COUNTY
se Se and dec	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township)
n do	
- 5	MARYLAND GENERAL HOSPITAL BALTIMORE D. STREET ADDRESS (Il rural, give location)
ting d car a att	
de.	TOBALTIMORE MARYLAND 116 W. UNIVERSITY PKWY
in ib	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
occur ontrib ormin regula	SINGLE(NO.) 6/2/06 64
100	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
at a si e si o	CHIEF CLERK GOV'T. (STATE) MARYLAND US. A.
de Con	13. FATHER'S NAME
# (+ × + + + + + + + + + + + + + + + + +	PLEASANT H HUNTER GERTRUDE GROSS
dis dis	
tar al	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (II yes, give war ar dates al service) 16. SOCIAL SECURITY NO. 212-03-4516 RUTH V HUNTER BALTO, HO
ki ki de de in	NO 212-03-4516 RUTH V HUNTER BALTO, MO
as if if	CAUSE OF DEATH CAUSE OF DEATH ONSET AND DEATH
is and	DISEASE OR CONDITION DIRECTLY
Ils Ils	LEADING TO DEATH
on on a	(This does not mean the mode of dying, e.g., DUE TO MINIMAN MANAGEMENT OF THE MANAGE
er ctu	injury or complication which coused death.) Generalized Atheroscletoris
fra o o o o o o o o o o o o o o o o o o o	heoil foilure, asthenia, etc. II means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO DUE TO ON THE COMPANY OF THE CO
A A A P	DISEASES OR CONDITIONS, if ony, giving Curgray athers schools
S S S S S S S S S S S S S S S S S S S	unse to the abave cause (A) stating the (C)
S; (s	ONDEREING CONDITION 1051.
ring sice	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
n hy	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
+ - Y	
and	194. Date of Operation 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 12/11/16 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 199. CONDITION FOR WAS PERFORMED 199. CONDIT
he by (2) Ire	11) 2) A &CCIDENT WAS LINDED VINGS 218 DIACE OF INITIDA (I on Boltimore City give exact location)
the of	OR CONTRIBUTING CAUSE OF home, larm, loctary, street, affice bldg., INJURY OCCUR?
> = 0 ≥ Z = T	D 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
d ld	S OF INJURY
a de de	(APPROX.) Work At Work
the the an	22. I certify that (I) (this hospital) attended the deceased from 12/1/17 6 19 to 12/1/2/7 9 19
0000.	that (1) (we) lost sow the deceased alive on 12/11/7 0 19 and that in (my) (our) opinion death occurred on the date
t be a sed to ant of pital eath) ust b	and hour and from the couses stated above. (D'(We) (did not) view the body after death.
dent dent dent dent must	23A. SIGNATURE 23B. DATE SIGNED
must be a eleased to ccident of hospital to death)	Med m. Real JuBann Bys. Med. Stall Phys. 12/12/70
E O U T + B	23C. PHYSICIANS 23C. PHYSICIANS 23D. ADDRESS
ate and and ior	NAME (Type)
was r was r A at at prior	NEIL M. KEATS M.D. MARYLAND GENL HOSPITAL
# ≥€0 p p	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lawn, or county) (State)
This certificat the body was shows: (1) An was D.O.A. at deceased pric	
This certhe bod shows: was D.(decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
This the backwas was dece	Burial 12-15-70 Druid Ridge Cem. Pikesville, Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR DEC 14 1970 Robert E. Jacken Ka. DEC 15 1970 Robert E. Jacken Ka. DEC 16 1970 Robert E. Jacken Ka. DEC 17 1970 Robert E. Jacken Ka. DEC 18 1970 Robert E. Jacken Ka. DE
	VS 150-REV. 1/1/65 Baltimore, Md. 21212



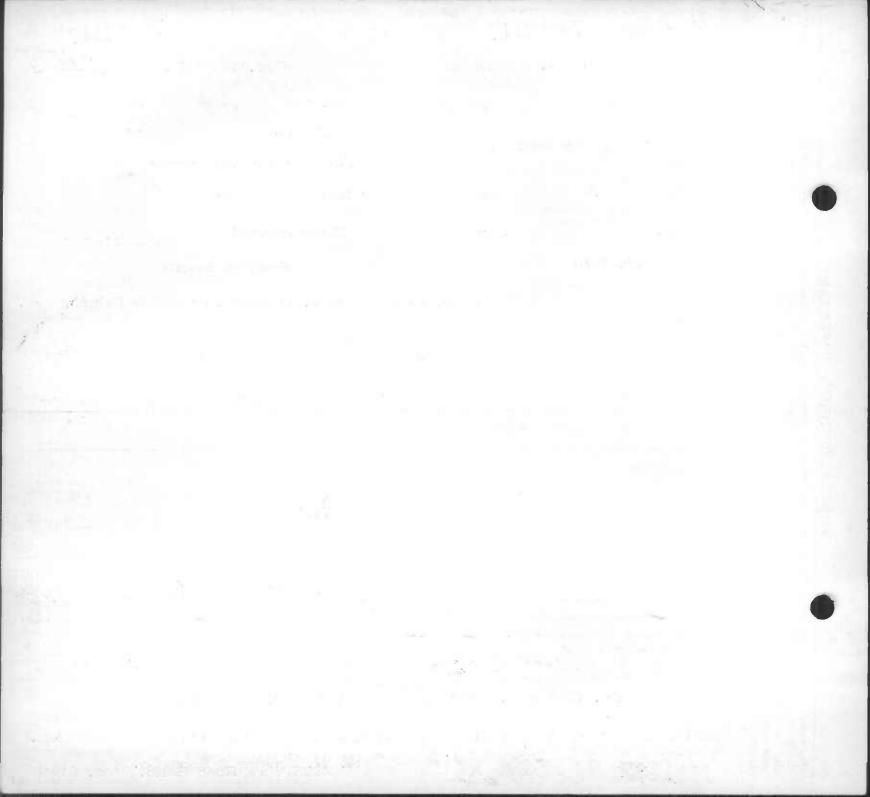
sath	the	-
of de	th.	
approved by the chief medical examiner or his assistant it death occurred in a nospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	danc	
g ca	or to	1
butir	lar ade.	-
ontri	edse is m	-
Jude	dec sition	
lirect (4)	h we dispo	
the d	deat	-
o, if	nced endar	
Alsoure o	atte	
fract	guiar	
3) A	n wh	
lical rrns; (was main	
to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	cian he re	
by c 2) 80	physicore t	
pital	whe No	
e hos	rcept nd (6 staine	
to th	h); a be of	
ased	deat	
the body was released shows: (1) An accident o	or to	
y wa	d pri	-
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
the	X de	

BALTI.	TIMORE CITY HEALTH DEPARTMENT
W-452 70 12116 CER	RTIFICATE OF DEATH REG. NO. 70 12116
BIRTH NO.	2. DATE AND HOUR OF DEATH
(Type or Print) LEO M. WILLINGER	AD 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAL	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION)	E STREET MARYLAND & /-/ & C. CITY OR TOWN D. INSIDE CITY LIMITS?
90	BARTIMORE YES V NO [
EDGENCOD NURSINGHOME	E. STREET AND NUMBER 404 CROYDON RD
5. SEX 6. RACE 7. MARRIED V NEVER M	MARRIED 8. DATE OF BIRTH 9. AGE (In years lift Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
	VORCED 9-13-90 80
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS O done during most af working life, even if retired)	
HIRFORCE OFFICER U.S. ARMY	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Louis WILLINGER	HEBRANK
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURIT	TY NO. 17. INFORMANT ADDRESS
Yes 579-05-	-2215 MAS. MARIE M. WILL INGER (SMIC) SE OF DEATH
18. CAUSI	SE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Daniel but the first of
LEADING TO DEATH (This does not mean the made of dying, e.g.,	Kleinsent cerebral throw bases 3 days
heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A CONSEQUENCE OF
ANTECEDENT CAUSES	As fere o selevo tie Cardis rascular Dis. 10 years
DISEASES OR CONDITIONS, if any, giving DU	DUE TO, OR AS A CONSEQUENCE OF:
rise to the above cause (A) stating the	
UNDERLYING CONDITION last. (C)	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
☐ TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPER.	RATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF II	INJURY (e.g., in or obout 21 C. WHERE DID (If in Baltimore City, give exact location)
DEATH (notify medical examiner) etc.)	tory, street, office bldg., INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OC	CCURRED 21F. HOW DID INJURY OCCUR?
While At	Not While
22. 1 certify that (I) (this hespital) attended the deceased	AT WORK
	,
	12-7 19 70 and that in(my) (our) apinian death accurred an the date
and haur and from the causes stated above. (1) (We) (did)	d) (d id no t) view the bady after death.
23A. SIGNATURE	Attending Med. Stoff
Triderick, Jollines /1	DIFFERE Phys. Director Phys. 12-10-70
23C.PHYSICIAM'S NAME (Type)	23D. ADDRESS
24A. BURIAL CREMATION, 124B. DATE 124C, NAME of CEM	METERY of CREMATORY 24D. LOCATION (City, town, or county) (Stotel
REMOVAL (Specify)	
Burial 12/14/70 Woodlawn 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
DECIA TOM QUE 2 2 Q. MA	Ho Wo Jonkins & Sons Co. 4905 York Ro
VS 150-REV. 1/1/68	Dallo, Ma. Elele

IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are emplaned or find disposition is made. VS 150-REV. 1/1/68

W-555 70.	LOILEM	Y HEALTH DEPARTMENT TE OF DEATH REG. NO.	70 12117
INAME OF DECEASED	CLKIII CA		
(Type or Print) Mary A	. Wonneman	Dec. 12, 19	
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, I	finstitution: residence before admission
FULL NAME OF (IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	Maryland	12-02
FULL NAME OF (IF NOT IN HOSPIT HOSPITAL OR ADDRESS OR LOCALINSTITUTION	(TION)	C. CITY OR TOWN D. I	NSIDE CITY LIMITS?
		Baltimore	YES TO NOT
3126 Greenmo	unt Avenue	E. STREET AND NUMBER	
00		3126 Greenmount Ave	enue
6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
F	WIDOWED TO DIVORCED	9-10-1893 77	Months Days Hours Min.
DA. USUAL OCCUPATION (Give kind of work	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slote or foreign country)	12. CITIZEN OF WHAT COUNTR
one during most of working life, even it settred)			
	Tavern	Czechoslavakia	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Louis Pohl		Frances Svel	nla
S. Was Doceased Ever in U. S. Armed For		17. INFORMANT	ADDRESS
es, no or unknown) (If yes, give wer ar dote	2 18-34-1055	A Mrs. Margaret Fee	A17.77
DISEASES OR CONDITIONS, If a conditions is a lot the above couse (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONDITION TO TRELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A-DATE OF OPERATION 198. CONDITION	Stoling the (C)	20A. AUTOPSY? (Yes or No) 20B, IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exomines)	218. PLACE OF INJURY (e.g., i hame, farm, foctory, street, of etc.)	n or obout 21C. WHERE DID (If In Boltin fice bldg., INJURY OCCUR?	nore City, give exoct location)
	(Haud 21E INJURY OCCURRED While At Not While At Work		20.12
ond hour and from the causes state	d alive on		pinion death accurred on the date
23A. SIGNATURE COLOR 23C. PHYSICIAN'S	OEGREE Phys	nding Med. Staff Phys. Director Phys. D	238, DATE SIGNED
NAME (Type) Dr. Carlo	os E. Aranaga	1701 Meridene Drive	
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION	City, town, or county) (State)
Burial 12-15-7	0 Holly Redeeme	r Cemetery Baltimore,	Md.
SA. DATE REC'D BY HEALTH DEPT.	258 NAME OF REGISTRAR	25G-FUNERAL DIRECTOR	ADDRESS
DEC 14 1970 R.C. 68	Faclas M.D.	2 H. 4905 Jenkins & Son	Salto., Md. 21212

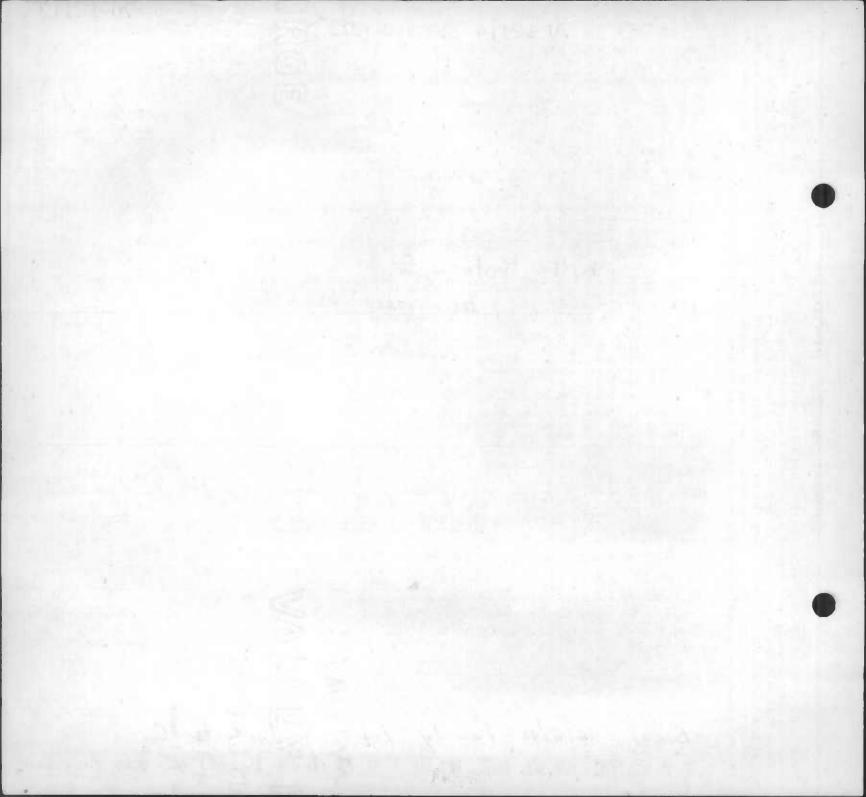


7-5/2) 70 12118 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH RECORD

BIRTH NO.	DICALE	VAMILLER 2	LEKTIFICATE	OF DEA	REG. NO.	
1. NAME OF DECEASED	HOMPSON	Thompison)	2. DATE Known OF DEATH Estimote		Doy	Year Hour
4. PLACE IN BALTIMORE, MARYLAND,		OUNCED DEAD	3. DATE	Month	Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSP ADDRESS OR LO	ITAL OR INSTITUT	ION, GIVE STREET	PRONOUNCED DE	AD Decer	nber 10, 19	70 7:50 A.
orinstitution 3300 W. Forre	et Pork A	venue	A. STATE Maryla	The state of	B. COUNTY	16-03
5. SEX 7. RACE		NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CITY L	IMITS?
Male Negro	WIDOWED	DIVORCED [Baltin		YES E	ON [
8-17-1909	(In years HU	nder I Yr. II Under 24 Hrs. ths Days Hours Min.		Mount St	treet	
1. BIRTHPLACE(State or foreign country		CITIZEN OF	13. FATHER'S NAME			
		WHAT COUNTRY?				
Manning, South Caro		U.S.A.	Joe Thomps	on .		
one during most of working lile, even il retire	d)	BRZINEZZ OK MADOZIK				
Disable			Eliza Stuk	kes		
6. WAS DECEASED EVER IN U.S. ARM (es, no or unknown) (II yes, give war or dah		17. SOCIAL SECURITY NO.	IB. INFORMANT		ADDR	ESS
No.	33 01 301 1100)	250-20-2269	Mrs. Rosali	ie Ryce	2731 Cylbu	ırn Avenue
19.		CAUSE OF DEA	TH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DI	RECTLY		lerotic cardi	iovascu1a	r disease	DEFFICE ONCE MAD DESI
LEADING TO DEATH	dulan e a	(A)IMMEDIATE	AUSE			
(This does not mean the mode of heart lotture, asthenia, etc. it means	the disease,	DUE 10, OR A	AS A CONSEQUENCE OF:			
Injury or complication which caused	death.)					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST						
UNDERLYING CONDITION LAST		(c)				
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 20A. DATE OF OPERATION 20B. C	TO THE TERMINAL					
20A. DATE OF OPERATION 20B. C		WHICH OPERATION W	AS PERFORMED		21.	AUTOPSY? (Yes or No)
5						:Yes
✓ 22A. EXTERNAL CAUSE WAS	lane	DI ACC OF INTILIBY	1 I 22C WHER	E DID /II to Bolive	on City stores and le	
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	hom	PLACE OF INJURY (e.g., e, farm, lactory, street, allic	e bidg., etc.) INJURY OC	CUR?	ore City, give exoct to	contany
22D. TIME (Month) (Doy) (Y OF INJURY (APPROX.)		WHILE AT NOT	WHILE	DID INJURY OC	CUR?	
23.	m.l	WORK AT W	ORK L			
I certify that I held on	Inquiry			_	, death in my opi	nlon
resulted from: Natural c	auses XX	Accident Suicio			nined manner L	
ACTUAL CL. 8	. 0 P			DICAL EXAMINER	parameter 1	DATE SIGNED
SIGNATURE Char.	3 2 4 3	gale M.D	ASSISTANT MED	DICAL EXAMINER		
	es S. Spr	ingate, M.D.	•	DICAL EXAMINER	☐ Decemi	ber 10, 1970
24A. BURIAL CREMATION, 24B. DATE	2	C. NAME of CEMETERY	or CREMATORY	24D. LOCATIO	N (City, town, or	county) (State)
REMOVAL (Specify) Burial 12-14	1- 70	Arbutus Memo	rial Park		more,	Maryland
DEC 14 1970 Res	25B. NAM	E OF REGISTRAR	MOR TON		.H. 1701	Laurens Stree

TO THE STATE OF TH

1	11 53	7			BALTIMORE CITY				/	O TEMP
11	11-00	1	70 1	2110	CERTIFICA	TE O	F DEATH	REG. NO	D	
	TH NO.	EASED ()	(311)	The second second	,			ND HOUR OF DE	ATH	
(Тур	e or Print)	TILLIA	m		NTAGUE.	Jr.	. 12.	11-70		505P
3. f	LACE IN BALT	TIMORE, MARY	LAND, WHE	RE PRONOL	JNCED DEAD	A. STAT		are deceased lived	. If institution: (esidence before odmission
FUI	LL NAME OF	(IF NOT IN	N HOSPITAL	OR INSTITU	JTION, GIVE STREET	MIL	Du	134	1	5-07
IN S	SPITAL OR	ADDKE 22	OK LOCATIO)N)			OR TOWN		INSIDE CITY L	
3	3					10	ET AND NUMBER		YES	NO L
5	OUTH	BALTI	0 . G P)	V. H	OSPITAL			HILTO.	N 37	
. S	EX M	6. RACE	N 7.	MARRIED	NEVER MARRIED	B. DATE	OF BIRTH	9. AGE (In years	If Under	or 1 Yr. If Under 24 Hrs Doys Hours Min.
	0	X	N	VIDOWED	DIVORCED	5	-19-21	49		
				. KIND OF	BUSINESS OR INDUSTRY	11. BIRTH	IPLACE (State or fore	eign country)	12. CIT	ZEN OF WHAT COUNTRY
3	1 A MI O	working life, even		BOR	PORATION		USA			
P	FATHER'S NAM		/ / 7		,	14. MOT	HER'S MAIDEN NA	ME		
		14.	-11-	H				unk	_	
5 1	Was Deceased	Ever in U. S.	Armed Forces	1100.	16. SOCIAL	17. INFO	PAAANT	UNE		ADDRESS
Yes	, no or unknown)	(If yes, give w	or or dotes of	f service)	SECURITY NO.				71.01	
	Y25.				222-10-8530	UC	11+6	1501	N. H	ILTONST.
	1B.	0.7			CAUSE OF DEAT	1				APPROXIMATE INTERVAL
		E OR CONDI		TLY	acu	te 2	nzoen	dial		
		LEADING TO			(A) IMMEDIATE CAU	SF	/			
		ot mean the osthenia, etc.			DUE TO, OR AS					
	injury or com	plication which	h coused de	oth.)		Kn	yand	ion.		
	1	ANTECEDENT	CAUSES		(R)		0			
		R CONDITIO			DUE TO, OR AS	A CONSE	QUENCE OF:			
		CONDITION		ating The	(c)					
			100%		(0)					
N O	OTHER SIGNIE	ICANT CONDITI	ONS CONTR	RIBUTING						
\equiv	TO THE DEAT	H BUT NOT REL	ATED TO THE T	FERMINAL						
U		OPERATION	198. CONDITI	ION FOR V	WHICH OPERATION	20 A.	AUTOPSY? (Yes or N	ol 208. IF YES, V	VERE FINDINGS	CONSIDERED
EKIIFI	0 -		WAS PERFOR	WED			20	IN CERTIFIEN	CAUSES OF	DEATH:
0	OR CONTRIBLE	TING CAUS	E O E	218.	PLACE OF INJURY (e.g., i e, farm, foctory, street, of	or obout	21C. WHERE DID	(If in Bo	Itimore City, gi	ve exact location
Į.	DEATH (notify	medicol exomi	ner)	etc.	e, tarm, lociory, street, or	nce blog.,	Myoki occok.			
	21 D. TIME	(Month) (Doy	(Yeor) (H	Hour) 21 E.	INJURY OCCURRED		21F. HOW DID IN.	JURY OCCUR?		
	OF INJURY			Whi	ile At Not Whil					
	MITHUM			Wo	rk At Work					
								8.5		
	22. I certify	that (1) (this	haspital) a		he deceased from	12	//	19 70 to		19.2.D
		that (1) (this		ttended ti	he deceased from	12	7 2 and th			
	Ihat (I) (we)	lost saw the	deceased o	ttended t	he deceased from	12	20 and th	hot in (my) (our		
	and haur and	lost saw the	deceased a	ttended the	(We) (did) (did nat) v	19	body ofter death.	hot in (my) (our	opinion dec	ith occurred on the do
	and haur and	lost saw the	deceased a	ttended the	(We) (did) (did nat) v	19	body ofter death.	hot in (my) (our	opinion dec	ith occurred on the do
	and haur and	lost saw the	deceased a	ttended the	(We) (did) (did nat) v	19	body ofter death.	hot in (my) (our	opinion dec	ith occurred an the da
	and haur and	lost saw the	deceased a	ttended the	(We) (did) (did nat) v	19	body ofter death.	hot in (my) (our	opinion dec	ith occurred an the da
	and haur and	lost saw the	deceased a	ttended the	(We) (did) (did nat) v	19	body ofter death.	hot in (my) (our	opinion dec	ith occurred an the da
	and haur and	I lost saw the different the cause of the ca	deceased a	ttended the	he deceased from	iew the	Med. Director RESS 7 H B A 1	Stoff Phys.	238. DA / 2 (City, town,	ith occurred an the da
24A	and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T. L.	lost saw the d from the cau RE A B V N'S ypel B AATION, 24B. j 2	deceased of uses stated William DATE 15/10	ttended the	(We) (did) (did nat) v	iew the	Med. Director RESS 7 H B A 1	Stoff Phys.	238. DA / 2 (City, town,	TE SIGNED 11 - 7 0 4 S P 1 4 Cor county) (Stote)
24A	and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T. L.	I lost saw the different the cause of the ca	deceased of uses stated William DATE 15/10	ttended the	(We) (did) (did nat) v A MY - D. Atte DEGREE AME of CEMETERY or CRI POPEREGISTRAR	19 iew the Inding MATORY	Med. Director RESS TH BAL 240. 1 491	Stoff Phys. D	23 R. DA 23 R. DA / 2 E M (City, town,	TE SIGNED 11 - 7 D 4 - 5 P - 7 4 C or county) (Stote) ADDRESS
24A	and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T. L.	lost saw the d from the cau RE A B V N'S ypel B AATION, 24B. j 2	deceased of uses stated William DATE 15/10	ttended the	(We) (did) (did nat) v A MY - D. Atte DEGREE AME of CEMETERY or CRI POPEREGISTRAR	19 iew the Inding MATORY	Med. Director RESS TH BAL 240. 1 491	Stoff Phys. D	23 R. DA 23 R. DA / 2 E M (City, town,	TE SIGNED 11 - 7 D A S P 1 A C or county) (Stote)



T 031	70 1010	BALTIMORE CITY	HEALTH DEPARTMENT		70 10100
T-236	/0 15150		TE OF DEATH	REG. NO.	70 12120
1. NAME OF DECEASED	(Geraldine	Rice Foster)	2. DATE A	ND HOUR OF DEATH	
(Type or Print) BERA	DINE	FOSTE?	10	-9-70	340
3. PLACE IN BALTIMORE, M	ARYLAND, WHERE PR		4. USUAL RESIDENCE (WH	ere deceased lived. II in	stitution: residence before admission)
FULL NAME OF (IF NO ADDRESS OF AD	OT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	C. CITY OR TOWN	Land 1	15-13 DE CITY LIMITS?
SINAI HO	SPITAL 6	F BACTO.	E. STREET AND NUMBER		erstown Road)
S. SEX 6. RACE	NEGTO WIDON		8. DATE OF BIRTH 4-23-24	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (G done during most of working life, of Housewife	ve kind of work 108, KINI even if retired)	OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE ISlate or lor		12. CITIZEN OF WHAT COUNTRY
3. EATHER'S NAME			14. MOTHER'S MAIDEN NA		
JERRY (V	WASHIN			eth Rice	
5. Was Deceased Ever in U. Yes, no or unknown) (If yes, glv	S Amend Foresa?	11 4 0000101	17. INFORMANT	Alfred Foste	r 4300 Keisterste
No.			Husband		same. Rd.
(This does not moon II heart foilure, asthenia, e injury or camplication w ANTECEDE: DISEASES OR CONDITION is to the above UNDERLYING CONDITION OTHER SIGNIFICANT CON TO THE DEATH BUT NOT IT OF THE	IC. If means the dise hich coused death.) NT CAUSES TIONS, if ony, give couse (A) stoling ON last. DITTIONS CONTRIBUTING THE TERMINAL TO THE TERMINAL TO THE TERMINAL TO THE TERMINAL TO THE TERMINAL THE TERM	(B) UE TO, OR AS	yperten su	Hemonha	22
19A-DATE OF OPERATION	198 CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? IVes of N	O) 208, IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
21A- ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (notify medical and	USE OF -	218 PLACE OF INJURY (e.g., in home, farm, factory, street, off etc.)	or about 11 C. WHERE DID	(if in Boltimore	City, give exoci location)
	Doy) IYeori (Houd	21E INJURY OCCURRED White At Work At Work	21F. HOW DID INJ	URY OCCURT	
that (1) (wa) last saw t	he deceased alive o		19 70 and th	19to	2-9 19 70 ton death occurred an the date
and hour and fram the	auses stated above	o. (I) (Ma) (did) (didat) vi	ew the bady after death.		
23A SIGNATURE	Enter	3 Moegree Attent	ding Med.	Shoff Phys.	238 DATE SIGNED
23C. PHYSICIAN'S	- Forum	2	3D. ADDRESS		7 / 0
		MD DEGREE		JOSPITA C	
REMOVAL (Specify)					, town, or cauntyl (State)
SA, DATE REC'D AT HEALTH	12-12-70 DEPT- 258 NAM	Mount Auburn Cer		altimore,	Maryland
DFC 14 1970 (Car & E Fall	MACA.	2 SHORTON BUTTE	д F.H. 170	1 Laurens Street

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Arbutus Memorial Park

258. NAME OF REGISTRAR

Baltimore

25C. FUNERAL DIRECTOR

MORTON & DYETT F.H.

Maryland

1701 Laurens Street

ADDRESS

Burial

VS 131-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

12-14-70

fire . F. BES SHIP STREET Tell'es de la company de les de la company d

Sa-5852	th occurred in a hospital and contributing cause of death etermined cause; (5) Deceased a regular attendance on the eceased prior to death. Such on is made.
RELEASED AS NON-MED BY M.E. OFFICE FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

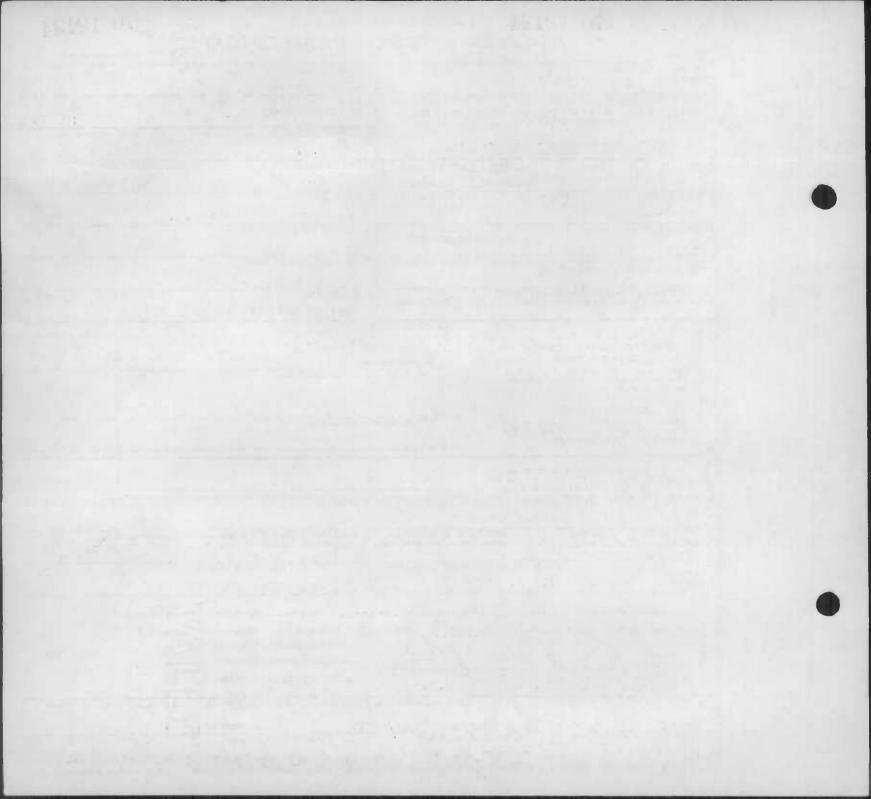
-				BALTIMORE CITY	HEALTH DEPARTMENT		'70 10100
0	-530	70 1	5155	CEPTIFICA	TE OF DEATH	REG. NO	40 TS155
	NO.			CLKTITICA			
	ME OF DECEASED	314 T M 17		/FD FDD)		AND HOUR OF DEATH	20 20
				(ED, EDD)		2/10/70	10:10 a. N
3. PL	ACE IN BALTIMORE,	MARYLANO, WHE	RE PRONOL	JNCEO DEAO	4. USUAL RESTOENCE (V A. STATE B. CC	Where deceased lived, if in DUNTY	stitution: residence before odmission)
FULI	NAME OF HEN	IATIPZOH NI TO	OR INSTITU	JTION, GIVE STREET	Maryland		10-01
HOS	PITAL OR ADO	RESS OR LOCATIO	(NC		C. CITY OR TOWN	D. INS	DE CITY LIMITS?
	5-72				Baltimore		YES NO
4	2-2				E. STREET AND NUMBER	R	
	The Johns I	Hopkins	Hospi	tal	1402 E. B	iddle Stree	t
5. SE	X 6. RACE	7.	MARRIED	NEVER MARRIED	B. OATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
M:	ale Ne		NIDOWED		9/10/06	tost birthday	Months Ooys Hours Min.
					11. BIRTHPLACE (Stote of		12. CITIZEN OF WHAT COUNTRY
	during most of working life						
F	letired		B&O Ra	ailroad	Chester, Sou		U.S.A.
3. F.	ATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
	Sau	l Smith			Mary We	sley	
5. W	os Oeceosed Ever in U	. S. Armed Forces	?	1 6. SOCIAL	17. INFORMANT	2	AOORESS
Yes,	no or unknown) (If yes, g	ive wor or dates o	of service)	SECURITY NO.	May Jaha Cha	1900	N Fulton Avenue
1	0.			247-26-0568	Mr. John Ste	venson 1000	N. Fulton Avenue
1	8.412,4			CAUSE OF DEAT	1		APPROXIMATE INTERVAL
		NDITION DIREC	CTLY		,) e	11 0	
		TO DEATH		(A) IMMEDIATE CAU	SE TYMI) A CONSEQUENCE OF:	Munia	Smy
	This does not meen heart failure, asthenia,			DUE TO, OR AS	A CONSEQUÊNCE OF:		
	njury or complication	which coused de	oth.)		Λ -	1	
	ANTECED	ENT CAUSES		(0)	450 V	/ 1)	10 Jears
	DISEASES OR CON	OITIONS, if ony	, giving	DUE TO, OR AS	A CONSEQUENCE OF:	******	J
	ise to the obove UNDERLYING CONDI		oting the				
1	UNDERCTING CONDI	IION lost.		(C)			
z		11		7		1	*
	THER SIGNIFICANT CO			TELIT.	Shoral	las due	200 16 VZ.
	PA- OATE OF OPERATION			WUICH OREDATION	20A. AUTOPSY? (Yes or	Nol 200 IE vee were	EINDINGS CONSIDERED
ERTIFIC	7A. DATE OF OPERATION	WAS PERFOR		WHICH OPERATION	No.	IN CERTIFYING CA	USES OF DEATH?
E YO	1A ACCIDENT WAS	INDERIVING	210	DIAGE OF INITIAL'		07 . 0 .	
_ (A ACCIDENT WAS	CAUSE OF	hom	e, torm, foctory, street, of	n or obout 21 C. WHERE OIC fice bldg., INJURY OCCUR	? (If in Bolfimor	e City, give exact location)
CAL	DEATH (notify medical	exominer)	etc.)				
144	TD. TIME (Manth)	(Day) (Year) (Hour 21E.	INJURY OCCURRED	21F. HOW DIO	INJURY OCCUR?	
5	APPROX.)		Whi	ile At Not While			
		6-6-10	_			19 1	60 1970
2	2. I certify that (1)	this haspital) a	ittended th	ne deceased from		19 6 to	t
Ť	hat (I) (we) last san	the deceased	allve an		19 and	that in (my) (aur) opi	nian death accurred an the dat
C	ind haw and from th	e causes stated	above	(We) (did) (did nat) v	iew the bady after dea	th.	
2	3A SIGNATURE	1)	1,				238. OATE SIGNED
	Homan	1	1	Atte	nding Med.	Stoff Phys.	12/10/30
1/2	3C. PHYSICIAN'S	1.	7/9	DEGREE	23D. ADDRESS	- rilys. —	175/20
	NAME (Type)	D Coni	00			lonking Hose	vi + 21
		R. Grig		M.D. DEGREE	The Johns H		
4A.	BURIAL CREMATION, REMOVAL (Specify)	24B. DATE		AME of CEMETERY of CRE			ty, town, or county) (Stote)
	Burial	12-14-70	Mo	unt Auburn Ce	metery	Baltimore,	Maryland
ZSA.	OATE REC'O BY HEAL	TH OEPT. 25	B. NAME C	E REGISTRAR	25C EUNERAL DIREC	TOR	AODRESS
-	ECTA SOFTE	Q2.00.	Ra Ba	202	2 MORTON & DY	/ETT F.H. 17	701 Laurens Street
		France C.	Acres 2600	o specific			

William I and the state of the The transfer of the second of 70 12123

6	U-42	5	MED	ICAL		NER'S		CATE OF	DEAT	H REG. NO	70	12123
1.	NAME OF DE	CEASED		K.	ILSON		2. DATE OF DEATH	Known 🖒	Month	ber 9,	Year	9:00 P. M
4.	PLACE IN BA	LTIMORE, M	ARYLAND, W	HERE PRO	NOUNCED	DEAD	3. DATE		Month	Day	Yeor	Hour
HO	LL NAME OF SPITAL INSTITUTION	(IF NO	OT IN HOSPITA	L OR INSTITUTION)	JTION, GIVE	STREET		UNCED DEAD		ber 9,		9:00 P. N
			rial Ho	-			A. STATE	Maryland		B. COUNTY	27-	3.3
6.	SEX	7. RACE			NEVER	MARRIED [C. CITY O	RTOWN		D. INSIDE	CITY LIMITS?	
ļ.,	Male		gro	WIDOWE		OIVORCED		Baltimore	2		YES 🛛	NO
	3-19-192		10. AGE (Ir lost birthdo	(Y) M	Under I Yr. I	Under 24 Hrs. Hours Min.	E. STREET	2411 Mont	ebello	Terrac	е	
11.	BIRTHPLACE (State or fore			CITIZEN C		13. FATHER	'S NAME				
	Baltimor	e, Mar	yland		WHAT CO	UNIKY?	Wil:	liam Llewe	elyn Wi	lson		
14A don	USUAL OCCU	PATION (Gi	ve kind of work		F BUSINESS	OR INDUSTR	15. MOTH	R'S MAIDEN NA				
	Agent			Metro	politar	Ins. Co	Unk,					
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES?	17. SOC	IAL JRITY NO.	18. INFOR	MANT		1	DDRESS	
	Yes.	5/10	/44° TO	729746			Mrs.	Anne Wils	on \	4125 Fc	rest F	Park Avenue
	19.	50	Y		C	AUSE OF DEA						PPROXIMATE INTERVAL
	DISEAS	E OR CON	OITION DIREC	CTLY		Ingesti	on of	Renuzit c	Leaning	fluid		TEN CIME PIN DEN
	4	LEADING T			(A)IMMEDIATE C	AUSE	etroleum	distil	late)		
Н	heart fallure	e, osthenio, et	mode of dy c. It means the lch coused dec	discose,	· ·	DUE TO, OR		PUENCE OF:				
Н	A	NTECEDENT	CAUSES		,	la						
П	DISEASES	OR CONDIT	IONS, IF ANY	GIVING	,	DUE TO, OR	AS A CONSE	QUENCE OF:	***************************************			
2	UNDERLYI	NG CONDI	MON LAST.	ING INE	f.	c)						
Ö			11		,	7						
CERTIFICATION	TO THE DE	ATH BUT NO	NOITIONS CO T RELATED TO I GIVEN IN PA	THE TERMINA	G AL							
CERT	20A. DATE O	F OPERATIO	N 208. CON	IDMON FO	R WHICH O	PERATION W	S PERFOR!	MED				OPSY? (Yes or No)
EDICAL	UNDERLYING		ITRIB-	221 hor	B. PLACE OF	INJURY (e.g., ory, street, office	in or obout bldg., etc.)	22C. WHERE DID NURY OCCUR?	(II In Baltimor	e City, give ex		es
	UTING CA		ATH. Doy) (Year) (Hour)	22F IN 1118V	OCCURRED		2F. HOW DID IN		ontebel	To Ter	rrace
	OF INJURY (APPROX.)	2-9-70		E D	WHILE AT WORK		WHILE IS	Drank Re			Time:	4
	23. I cert	ify that I i	neld on li	nquiry 🔲	Inspect	lon Au	topsy X	and that on t	his basis,	death In my	opinion	
	resul	ted from: 1	Hotural caus	ies 🔲	Accident	Sulcid	• × H	episimo	Undetermin	ed monner		
	ACTUAL	0	01		1)			CHIEF MEDICAL	EXAMINER			DATE CICNED
	SIGNAT		harl	37.	9-	ZIL & M.D	ASS	STANT MEDICAL	EXAMINER			DATE SIGNED
	EXAMIN NAME (1	(ype)		S. S.	ringat	e, M.D.	ASSC	CIATE MEDICAL	EXAMINER	☐ Dece	mber 1	.0, 1970
	MOVAL (Speci		24B. DATE		AC. NAME	of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, low	n, or county) (State)
	Burial	,,	12-14	-70	Arbi	utus Mem	. Park		Baltimo	re.	Mary	yland
254	A. DATE REC'D	BY HEALTH	DEPT.	258. NAN	E OF REGIS			FUNERAL DIRECT			DDRESS	14114
	BEC14	1970	Robert !	Fall	4 ×4	0 0	2 MO	RTON & DY	FTT F.H	170	l Laure	ens Street

Letter from M.E.'s office 12-30-70 M.H.

	7 = 0 \	70 121	24	BALTIMORE CITY HEA	ALTH DEPAR	TMENT		X	70	12124
	-330	MED	ICAL	EXAMINER'S C	ERTIFIC	ATE O	F DEATI	H REG. NO.		
-	TH NO.							REG. NO.		
	NAME OF DECEASE	HN SMITH			2. DATE OF DEATH	Known Estimated [Month	Day	Year	Hour M.
FUL	PLACE IN BALTIMO		AL OR INST	ONOUNCED DEAD	3. DATE	NCED DEAD	Month December	Day 8,1970	Yeor	3:05 P. M.
OR	UNIVER:	SITY HOSPI		(DOA)	A STATE	.C.	ere deceased liv	ed. If institution: B. COUNTY	residence b	elore odmission)
6. 5	EX 7. R.	ACE	8. MARRI	ED NEVER MARRIED	C. CITY OR T	OWN		D. INSIDE CI	TY LIMITS?	7
M	ale 1	Negro	WIDOW	ED DIVORCED	Washi	ngton		YE	s 🗆	NO 🗆
	10-7-36	10. AGE (le lost birthdo	yeors y) 34	Months Days Hours Min.		Univers	ity Plac			
	BIRTHPLACE (Stote o			12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S	NAME				
14A	istrict of USUAL OCCUPATION I during most of working	N (Give kind of work)	14B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER		AME			
16.	WAS DECEASED EV	ER IN U.S. ARMED	FORCES	? II7. SOCIAL	Marga 18. INFORM	ret Gib	son	Ar	DDRESS T	
(Yes	no or unknown) (If yes	, give wor or dotes	of service)	SECURITY NO.			ith (wif	,	1	ersity Pl.
	19.	. /		CAUSE OF DEAT		orne om	2011 (1121	E) 201	API	PROXIMATE INTERVAL
		CONDITION DIREC	CTLY	Cranioce	rebra1	Injurie	S		BETW	EEN ONSET AND DEATH
	LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:									
	heart foliure, osthe	nia, etc. It meons the ion which coused dec	diseose.	DUE 10, OK A	S A CONSEQU	ENCE OF:				
		DENT CAUSES		(8)						
	DISEASES OR CO	NOTTIONS, IF ANY	, GIVING	DUE TO, OR A	S A CONSEQU	JENCE OF:				
Z	UNDERLYING CO	ONDITION LAST.		(c)						 -
CERTIFICATION	TO THE DEATH BU	II NT CONDITIONS CO JT NOT RELATED TO DIMON GIVEN IN PA	THE TERMI	ING NAL						
RTI				OR WHICH OPERATION WA	S PERFORME	D			21. AUTOI	PSY? (Yes or No)
										yes
EDIC	22A. EXTERNAL C UNDERLYING MOR UTING CAUSE C	CONTRIB-	2	228. PLACE OF INJURY (e.g., I come, form, loctory, street, office Street	pidg., etc.) IN	IUKY OCCUR	Nice M Rte# 25	emorial	Bride	e.13.100 ft.
	OF INJURY (APPROX.) 12-8			WHILE AT NOT WORK AT WO	an alone					ct collision
	23.									
		at I held an I				parting .	this basis, o	death in my o	opinion	
	resulted fro	om: Natyral caus	ses 🔲	Accident Suicide		lcide 🔲		ed manner L	7	
	ACTUAL SIGNATURE	They	11/2	M.D.		ANT MEDICAL		X	12/9/	DATE SIGNED
	EXAMINER'S NAME (Type)	Ronald N	. Kori	nblum,M.D.	ASSOC	IATE MEDICA	L EXAMINER		14/0/	70
24A REA	BURIAL CREMATIO			24C. NAME of CEMETERY O	CREMATOR	Y 241	D. LOCATION	(City, lown,	or county)	(Slote)
	urial	12-14-		Harmoney Mem.	Park		Landover	, Md.		
25 A	DATE REC'D BY HE	ALTH DEPT.	25B. NA	ME OF REGISTRAR		NERAL DIREC	TOR	AD	DRESS	
	DEC 14 19	M Pas	1 3	a to o	Joh	n W. La	tney 38	31 Ga.	Ave. N	I. W. DC



Such

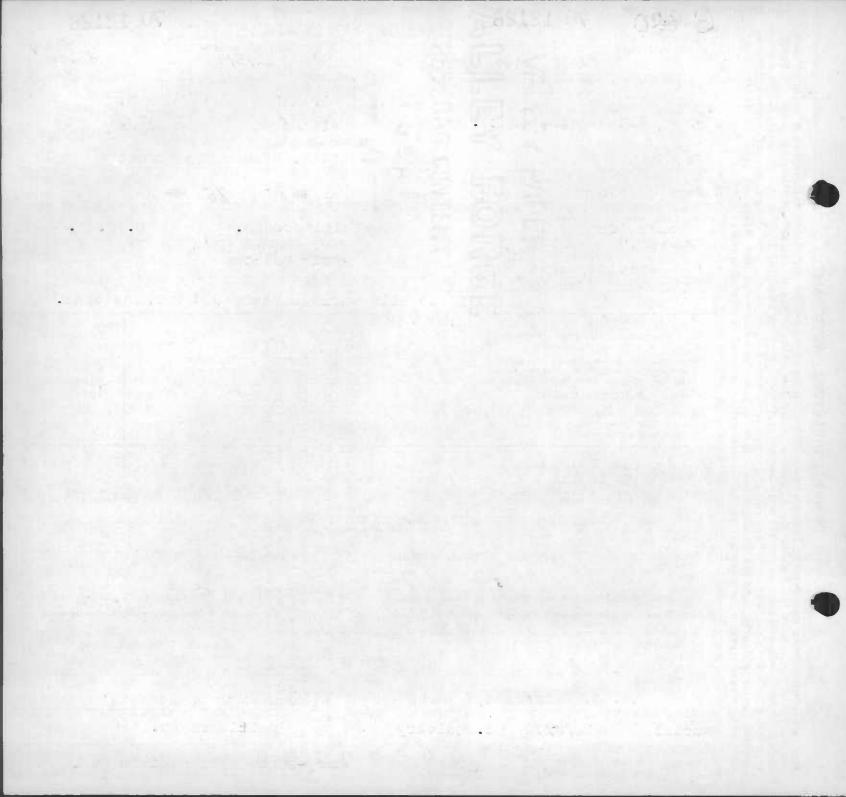
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was in regular attendance on the death. was D.O.A. at a hospital (except where the physician who pronounced death was in regular attend deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to written approval must be obtained before the remains are embalmed or final disposition is made.

1/ 2//	BALTIMORE CIT	HEALTH DEPARTMENT		/U 12125
V-0/10	CERTIFICA	TE OF DEATH	REG. NO.	L CARO
I, NAME OF DECEASED	145			
(Type or Print)			AND HOUR OF DEATH	· · · · · · · · · · · · · · · · · · ·
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	CEZI_IO	I A LISUAL DESIDENCE (W	2/9/70	institution: residence before admission!
WHERE P	ONOUNCED DEAD	A. STATE B. COL	JNTY	institution: residence before admission!
FULL NAME OF (IF NOT IN HOSPITAL OR ! HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION. GIVE STREET	Maryland		6-01
NOTITITION		C. CITY OR TOWN	D. fN	ISIDE CITY LIMITS?
Baltimore City Hos	pitals	Baltimore		YES NO
3 / 4940 Eastern Ave.		E. STREET AND NUMBER		
Baltimore, Md. 212		I / N. EIIW	ood Ave. Bal	timore, Md. 21224
5. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthdey)	If Under 1 Yr. If Under 24 His. Manths! Doys Hours Min.
Male White WIDO	WED DIVORCED X	12-19-05	04	Munias Doys Hours Min.
10A. USUAL OCCUPATION (Give kind at work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country)	12. CITIZEN OF WHAT COUNTRY?
done during most al working life, even if retired)	-	Bonneylessis		
13. FATHER'S NAME		Pennsylwania		U.S.A.
		14. MOTHER'S MAIDEN N.		
		Lucy	y, Vecellie	
15. Was Deceased Ever in U.S. Armed Farces? (Yes, no or unknown) (If yes, give wor ar dates af sen	1 6. SOCIAL	17. INFORMANT	4940 Easter	AND ADDRESS
> Steel die de la seu	189-10-2264	BCH Records:		
18.	CAUSE OF DEAT		Baltimore,	
7-3/1/	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			1	
(This does not mean the mode of dying,	(A) IMMEDIATE CAL	ISE PNEUMO	NIA	
hearl foilure, asthenia, etc. If means the disc	DUE TO, OR AS	A CONSEQUENCE OF:		
injury at camplication which caused death.)				
ANTECEDENT CAUSES	(B) INTT	2A CAREBRAL	HEMATOM	A
DISEASES OR CONDITIONS, if ony, gi		A CONSEQUENCE OF:		***************************************
rise to the above couse (A) stating UNDERLYING CONDITION last.	The H B.P	GOUT		
UNDERCTING CONDITION last.	(c)	1 3001		
z				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG NAT			
		20A. AUTOPSY? (Yes or)	(NO) 208, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
WAS PERFORMED LUTRA LETE 21A ACCIDENT WAS UNDERLYING!	BLAL HEMATOM A	Yes		
OR CONTRIBUTINO CAUSE OF	218. PLACE OF INJURY (e.g., in hame, farm, factory, street, of	ice bldg. INJURY OCCUR	(If In Boltimo	ore City, give exact lacotion)
DEATH (notify medical examine)	elc.)			
O 21D. TIME (Month) (Day) (Year) (Haus)	21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
S OF INJURY	While At Not While			
	Work At Work	Ц,		
22. I certify that (1) (this hospital) attend	. / /	2/1/70	19to/2	19/73 19
that (1) (we) lost sow the deceased alive	on 12/9/70	19and t	that In (my) (our) op	inian death accurred an the date
and hour and from the causes stoted above	e. (1) (We) (did) (did not) v			
23A. SIGNATURE	10 (7) (10) (10) (10) (10)	iew the bady difer dedili	•	23B, DATE SIGNED
hrende	Atte	nding Med.	Stoff [▽]	
23C BUYGGIANE	DEGREE Phys	Director L	Staff Nhys.	12-9-70
23C. PHYSICIAN'S NAME (Typel	20- 115	23D. ADDRESS Baltimo	re, City Ho:	spitals
Juan 10	H-13	4940 Lastern	Ave. Baltimo	re, Md. 21224
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	City, town, or county! (State)
12.	21 2.		12 1	
DURIA 12-14-70	A Delha Co	lase supress	Dead fail	Jenne
	ME-OF REGISTRAR	25C. FUNERAL DIRECTO	. \	1050 YOKK Pa
	words, was	Mr Gooks 13:	rooks lows	
VS 150-REV. 1/1/68				

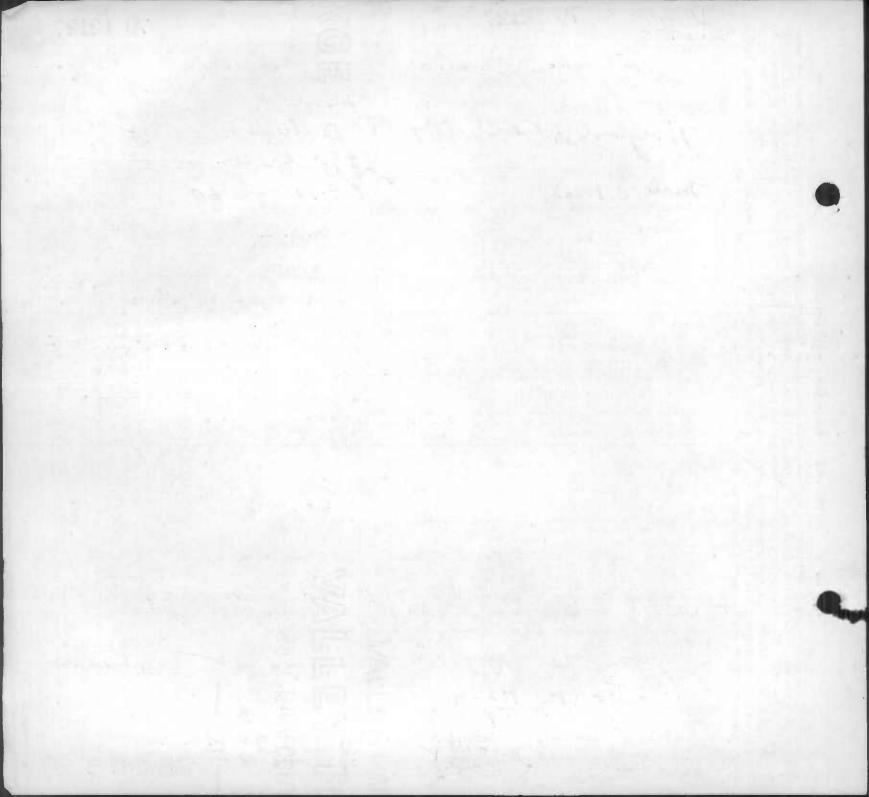
June 1000 H) and the

		(-622)	70 11	2736	3	CER	TIFICA	TE	OF
	and eath ased the	1. N	H NO.	ASED							
	ded	(Тур	e ar Print)	CF	RAIG,	Alve	ert	a			
	hospital use of d (5) Dece lance on death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL IA. STATE									
	se Se anc dec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET									Mar
	se;	HO	SPITAL OR TITUTION 9		or Loca		ST			C. C	Bal
	ag at to		00							E. S	934
	contribution termined contribution regular acceased price	5. S	FY	6. RACE		7. MARR	ıcp [NEVER MA	DDIED 🗆	8. D.	ATE OF
	occur ontrib ermin regule eased is ma		emale	Negr	0	WIDOV	-	=	ORCED		7/19
	ont ont ern reg		USUAL OCCU	_							,
	in ecc		during mast of v	varking life, eve							alt
	To unit	10	House								MOTHE
		ا ۵۵ ا	FATHER'S NAM	VE						14. 1	ROS
	direct; (4)			avid	Bank						,
	he kind	15. \ (Yes	Was Deceased , na ar unknawn)	(If yes, give	Armed Fare war or dote	es? s af servi		security 213 09			NOL
	ass if t ny k ny k ad dan or fi		18. []	0.11.					OF DEAT		-
	examiner or his examiner. Also, (3) A fracture of an who pronounce in regular attentions are embalmed on a sare embalmed.		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. Il means the disease, injury or complication which coused death.)								
			ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONS DISEASE TO the obove cause (A) stating the UNDERLYING CONDITION last, (C)) NSEQU	
			II								
	medical ledical burns; hysicia n was remair	TION	OTHER SIGNIF	CANT CONDI	LATED TO TH	IE TERMIN			***********		
	chiefr d m Body the p ysicia e the	ERTIFICA	19A. DATE OF		198. CON WAS PERF	DITION F	OR W	HICH OPERA	TION	2	0A. AU
	the all b; (2) here be ph	CAL CE	21A. ACCIDEN OR CONTRIBU DEATH (natify	TING CAU	SE OF		21 B, hame etc.)	PLACE OF IN	JURY (e.g., y, street,	in ar a affice b	bout 21
	proved by the hospit ny nature, except wh and (6) N	MEDI	21 D. TIME OF INJURY (APPROX.)	(Month) (Do	y) (Year)	(Hour)		INJURY OCC	Not Whi		21
	ove e h r r r r r r r r r		(APPROX.)				War	k \square	At Work	, U	1
								from		11/1	
	to to of a		that (1) (we)	lost saw the	e decease	d alive	on	acow	12/		19
	0 7 0 2 7 7		and hour one	fram the co	uses stot	ed obov	e. (1)	(We) (did)	(did not)	view	the boo
	released taccident of a hospital a hospital or to death		23A. SIGNATU	RE	^						
	cric		K	s. well	fleas	How			OEGREE Ph	tending ys.	X
	ac ac		23C. PHYSICIA NAME (T	N'S ype)	U				1 1 1	23 D.	ADDRES
	was re An acc A. at a prior t			K. S.	Alfi	ceds	on,	M.:	D. OEGREE	E	The
	o O.A	24A	REMOVAL	inecity)				ME of CEME	TERY of CI		ORY
	e body ows: (1 as D.O	B	urial	1	2/8/	70 1	Mt.	. Calv	ary		
	七七七	25 A	DATE REC'D	BY HEALTH	DEPT.	25B. NA	METO	FREGISTRAR) ()	? 2	Sc. Fui
	£ 4 2 3 4 3		TELL	C TOUR	My Trees	EN 60	tage.	10			4.10.

0 100 70 12120			BALTIMORE CITY	CERTIFICATE OF DEATH REG. NO. 70 12126						
C-620 70 12126										
	H NO.			CERTIFICA						
	e ar Print)		Alvert	a	2. DATE AND HOUR OF DEATH 12/5/70 #30pm					
3. F	LACE IN BALT	IMORE MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. It ins	titution: residence before admission)			
	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	Maryland 7-04					
	SPITAL OR TITUTION 9	34 Washing			Baltimore D. INSIDE CITY LIMITS?					
	00				E. STREET AND NUMBER 934 N. Washington Street					
5. S	EX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.			
	remale	Negro	WIDOWED	DIVORCED [7/19/86 85	85 84				
		PATION (Give kind of work arking life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?			
	House	wife			Baltimore M		U. S. A.			
13. [ATHER'S NAM	1E			14. MOTHER'S MAIDEN NAA		1407			
	- 0	avid Bank	S		Rosie Isaac					
15. \	Vas Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT ADDRESS					
(Yes	, na ar unknawn)	(If yes, give war or dote	es af service)	213 09 992	Norman Peele 934 Washingtonst.					
	18. []	24-1		CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEAS	E OR CONDITION DI	RECTLY		1 - (1)		BEIWEEN ONSET AND DEATH			
		LEADING TO DEATH		(A) IMMEDIATE CAL	ASCUD					
		of mean the made of			A CONSEQUENCE OF:	0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -	***************************************			
		asthenia, etc. II means plication which coused								
	A	NTECEDENT CAUSES								
	DISEASES	P CONDITIONS IF	any giving	(B)OUE TO, OR AS	A CONSEQUENCE OF:					
	rise to the obove cause (A) stating the									
	UNDERLYING CONDITION lost, (C)									
7		11								
10		CANT CONDITIONS CO I BUT NOT RELATED TO T								
CA1	DISEASE OR CO	ONDITION GIVEN IN PAR	IT 1 (A).	WICH OREDATION	20A. AUTOPSY? (Yes ar Na	OR IE VES MEDE E	INDINGS CONSIDERED			
ERTIFIC	19A. DATE OF	WAS PER		HICH OPERATION	200. AUTOF31; (163 d) (10	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?			
CE					n ar about 21C. WHERE DID	(If in Baltimare	City, give exact location)			
AL				ame, farm, factory, street, affice bldg., INJURY OCCUR?						
DIC	21 D. TIME	(Month) (Day) (Year)	(Haur) 21 E.	INJURY OCCURRED	URY OCCURRED 21F. HOW DID INJURY OCCUR?					
ME	OF INJURY				Not White At Work					
	(APPROX.)		Warl	At Work						
	22. I certify that (1) (this haspital) attended the deceased from 11/1 19 70 to about 11/2 19 70,									
	that (1) (we) lost saw the deceased alive on about 12/1 19 70 and that in (my) (aur) apinian death accurred an the date									
	ond hour and fram the causes stated above. (I) (We) (did) (did not) view the body after death.									
	23A, SIGNATURE 23B, DATE SIGNED Attending The Med Shoff The Shof									
	R, S, Allewayer OEGREE Phys. Med. Director Phys. Director Phys.									
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS									
	K. S. Alfredson, M.D. The Johns Hopkins Hospital									
24A		BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)								
В	urial (S	12/8/	70 Mt.	. Calvary	Bal	Ltimore MD	•			
25 A	DATE REC'D	BY HEALTH DEPT.	258. NAME 0	F REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS			
	20012	4 1077 O 2.4	E. Cisto	no reyby	Mary-E Lav	w 802 Mad	ison AVE.			
	- 1 1 F - L - E - E	1000								



1	70 12127 BALTIMORE	CITY HEALTH DEPARTMENT	
J	CERTIFIC	CATE OF DEATH REG. NO	70 12127
	TH NO. AME OF DECEASED	2. DATE AND HOUR OF DEATH	
	Ge or Print Honosker Jenkins	12-10-70	1800 AM.
3. P	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If in: A. STATE B. COUNTY	stitution: residence before admission)
FUL	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	maryland	17-01
	SPITAL OR ADDRESS OR LOCATION)	CITY OR TOWN D. INSI	+/ -
4	Maryland Gluber Hospe	E. STREET AND NUMBER	YES NO NO
2	42	850 Linda	
. 51	EX 6. RACE 7. MARRIED NEVER MARRIED		If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours! Min.
~q at	male CotoRED WIDOWED DIVORCED	G-9-10	retuitins boys intours return.
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country)	12, CITIZEN OF WHAT COUNTRY?
one	e during most of working life, even if retired) Laborer	Wake Co., N. C.	U.S.A.
3. F	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Thomas Jenkins	Rosa Morgan	
S. V	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	Durham. N. C.
Yes	No of unknown) (If yes, give wor or dotes of service) SECURITY NO.	Rosa Gilchrist - 2311 Fay	
	18. CAUSE OF P	EATH 1 dense	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		manary edenia	Tu.
		CAUSE // CONTROL CONTROL	7 × 4
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. If means the discose,	as a gonsequence of which half ispon	fancing.
	injury or complication which caused death,) ANTECEDENT CAUSES	CA Danel Pai	Our 1 year
	(B)	R AS A CONSEQUENCE OF	
	rise to the above cause (A) stating the	nongonos chors	5 years.
	UNDERLYING CONDITION last. (C)	773700 121000	(-)
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
2	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
CERTIF		983	7-3
_	OR CONTRIBUTING CAUSE OF home, form, foctory, street	e.g., in or obout 21°C. WHERE DID (If in Boltimore), office bldg., INJURY OCCUR?	e City, give exoct lacotian,
<u>u</u>	- Control of the cont	21F, HOW DID INJURY OCCUR?	
5	OF INJURY	White	
	(APPROX.) Work AI	Nork L	
	22. I certify that (1) (this haspital) attended the deceased from	11-24- 1970 10 1	2-10- 1920
	that (I) (we) last saw the deceosed alive an	19and that in(my) (our) opi	nian deoth accurred an the date
	and hour and from the causes stated abave. (1) (We) (did) (did n	at) view the bady ofter death.	
	23A. SIGNATURE	Attending Med. Stoff	23B, DATE SIGNED
	TO TO DEGREE	Phys. Director Phys. LD	12-10 70
	23C. PHYSICIAN'S NAME IType)	23D. ADDRESS	
		GREE	
24A	REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY of	CREMATORY 24D. LOCATION (C)	ly, tawn, or county) (State)
	Burial 12-15-70 Glennview Mem	orial Murham th N. C	ADDRESS
40.45			
25A	DATE REC'D BY HEALTH DEPT. 250. NAME OF REGISTRAR	Scarboroughs Hargett _ 91	
25A	DEC 18 10 VIOLE BY HEATH OFF.	Scarborough& Hargett -91	9 Fayetteville St.

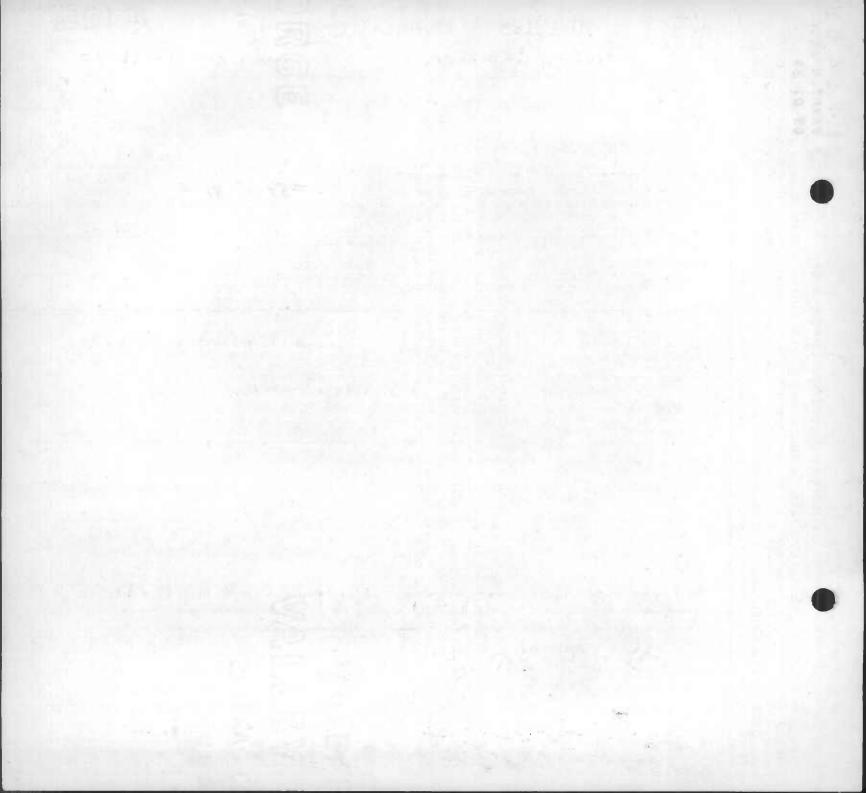


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HAMPTON

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11 -12	BALTIMORE CITY	HEALTH DEPARTMENT		70 101-
R 3/3 70 12128	CERTIFICA	TE OF DEATH		70 12128
1. NAME OF DECEASED ROS & N. Ha	mpton		HOUR OF DEATH	-/11/70 M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION		A. STATE B. COUN Maryland C. CITY OR TOWN Baltimore	ITY	istitution: residence before admission) 15-04 IDE CITY LIMITS? YES ** NO
The Johns Hopkins Ho	spital	E. STREET AND NUMBER 2004 N. Be	ntalow St	reet
S. SEX 6. RACE 7. MAADI	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
Female Negro WIDO	WED X DIVORCED	9/01/2089	Inst birthdoy) 80	Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KtN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
Art Director		Montgomery, Al		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Alfred Nixon		Hattie Cla	yton	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of serv	rice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		Samuel N. Ph.	illios - 2	2004 N. Eentalou
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying,	CAUSE OF DEATH	H Conclination 1	, escalar	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
healt failure, asthenia, etc. It means the disc injury ar camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, gi	(B)	Fly per tensiv	e disa.	2.4
rise to the above cause (A) stating UNDERLYING CONDITION lost.	0			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	ON CERTIFYING CA	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, larm, foctory, street, of etc.)	n of about 21 C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Baltimor	e City, give exoct (acotian)
21D.TIME IManth) (Day) (Year) IHour) OF INJURY	21E. INJURY OCCURRED While At The Not While	21F. HOW DID INJ	URY OCCUR?	
21D. TIME IMonth) (Day) (Year) IHour)	21E. INJURY OCCURRED While At Not While At Work		URY OCCUR?	
OF INJURY (APPROX.) OF INJURY OF INJU	While At Not While At Work	• 🗆		1 1070
OF INJURY (APPROX.) 22. 1 certify that (%) (this haspital) attended.	While At Not While At Work	12/10	19 2. to 13	
OF INJURY (APPROX.) OF INJURY OF INJU	While At Not While At Work	12/10	19 2. to 13	19 700, nian death accurred an the date
21D.TIME IManth) (Day) (Year) IHour) OF INJURY (APPROX.) 22. 1 certify that (%) (this haspital) attended that (%) (we) last saw the deceased alive	While At Not While At Work Med the deceased fram Not While At Work Med the deceased fram	12/19 12/19 and th	19 2. to 13	
21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. 1 certify that (1) (this haspital) attend that (1) (we) last saw the deceased alive and haur and fram the causes stated above	While At Not While At Work Med the deceased fram Not While At Work Med the deceased fram	12/19 12/19 and th	19 2. to 13	nian death accurred an the date
21D.TIME IManth) (Day) (Year) IHour) OF INJURY (APPROX.) 22. 1 certify that (%) (this haspital) attend that (%) (we) last saw the deceased alive	While At Not While At Work Not While At Work ded the deceased from an (2 / 1) ve. (1) (We) (did) (did not) ve.	12 / 19 and the riew the bady after death.	at in (my) (aur) apl	nian death accurred an the date
21D.TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (1) (this haspital) attend that (1) (we) last saw the deceased alive and haur and fram the causes stated above	while At Not While At Work ded the deceased fram an (2/1) ve. (1) (Ne) (did) (dimet) v DEGREE Physical Attempts of the	12 / 19 and the leave the bady after death.	at in(my) (aur) apl	23B. DATE SIGNED 12/11/70
23 C. PHYSICIAN'S NAME (Type) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (%) (this haspital) attended that (%) (we) last saw the deceased alive and haur and from the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Henry D. Ziec	while At Not While At Work ded the deceased fram on 12/1 ve. (I) (Ne) (did) (disot) v DEGREE Phy DEGREE DEGREE	12/19 and the riew the bady after death. Inding Director	Shoff Sk	23B. DATE SIGNED 12/11/70 pital
21D.TIME OF INJURY (APPROX.) 22. I certify that (*) (this haspital) attended that (*) (we) last saw the deceased alive and haur and fram the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Henry D. Ziece 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	while At Not While At Work At	12 / 19 and the riew the bady after death. Inding Med. Director Director Day The Johns Ho EMATORY 24D. L	Staff Phys. A	23B. DATE SIGNED 12/11/70 pital (ty. town, or county) (State)
21D.TIME OF INJURY (APPROX.) 22. I certify that (*) (this haspital) attended that (*) (we) last saw the deceased alive and haur and fram the causes stated above 23A. SIGNATURE 23C.PHYSICIAN'S NAME (Type) Henry D. Ziece 24A. BURIAL CREMATION, REMOVAL (Specily) Burial 12-15-70	while At Not While At Work Arbutus Memory Area and Attended to the Arbutus Memory Area and Attended to the Arbutus Memory Area and Area at the Arbutus Memory Area at the Arbutus Memory Area at the Area at t	nding Med. Director Director Demotors The Johns Hotel Park B	Stoff A Phys. A Pokins Hose altimore,	23B. DATE SIGNED 12/11/70 pital (ty. town, or county) (State)



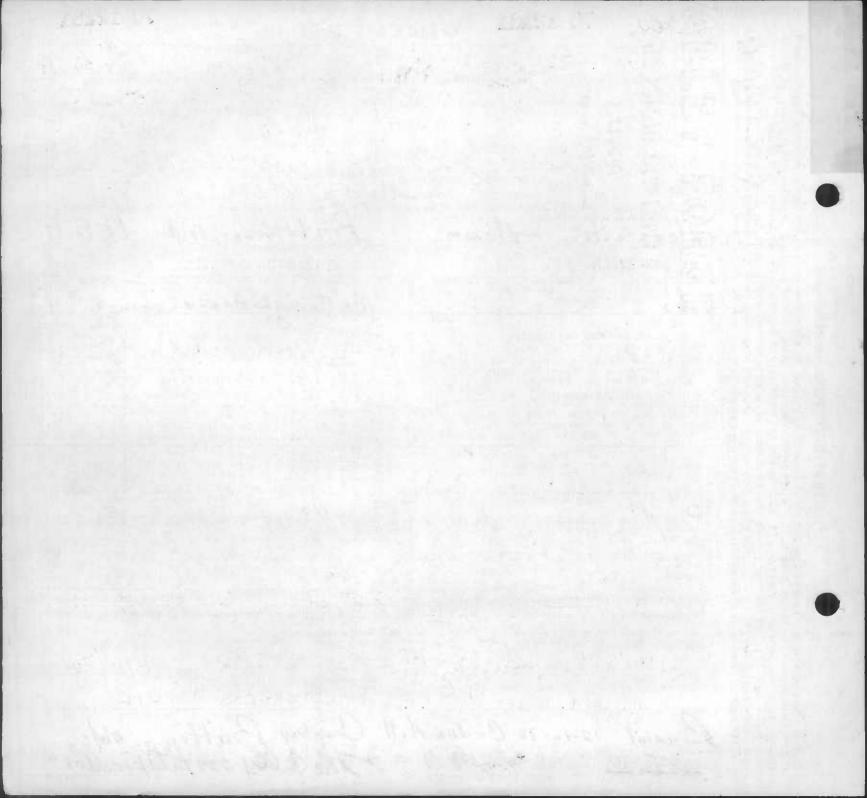
7	BALTIMORE CIT	Y HEALTH DEPARTMENT	70 12129
5-600 ME	DICAL EXAMINER'	S CERTIFICATE OF DEATH R	EG. NO.
1. NAME OF DECEASED	A.		Doy Year Hnur
RICHAI	RD _A GRAY	DEATH Estimated	N
4. PLACE IN BALTIMORE, MARYLAND,			Doy Yeor Hour
HOSPITAL ADDRESS OR LOC	PITAL OR INSTITUTION, GIVE STREET CATION)	PRONOUNCED DEAD 12	10 1970 7:45 p
OR INSTITUTION		5. USUAL RESIDENCE (Where deceased lived. II A. STATE	Institution: residence before admission) OUNTY
	ial Hospital	Maryland	9-08
6. SEX 7. RACE	8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. I	NSIDE CITY LIMITS?
male negro	WIDOWED DIVORCE	Baltimore	YES NO
9. DATE OF BIRTH 10. AGE	(In years H Under 1 Yr. H Under 24 doy) Months Days Hours	Hrs. E. STREET AND NUMBER	
5-24-96	74	2011 Homewood Ave.	
11. BIRTHPLACE (State or foreign country)		13. FATHER'S NAME	
Maryland	WHAT COUNTRY?	Aghirma Char	
14A.USUAL OCCUPATION (Give kind of wor	148 KIND OF BUSINESS OR INDI	JSTRY 15. MOTHER'S MAIDEN NAME	
done during most of working life, even if retired	3)	Isabelle	
16. WAS DECEASED EVER IN U.S. ARM	ED FORCES? 17. SOCIAL	ISAUGITE	ADDRESS
(Yes, no or unknown) (If yes, give wor or date	s of service) SECURITY NO		
19.	\$16-10-24		omewood Ave
" 4 1 2 1 Yr	CAUSE OF		BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIR	RECTLY Arteriosc.	lerotic cardiovascular disea	ise
LEADING TO DEATH	(A)IMMEDI	ATE CAUSE	
(This does not mean the mode of heart foilure, osthenia, etc. It means t	the disease.	, OR AS A CONSEQUENCE OF:	
Injury or complication which coused d	le oth.)		
ANTECEDENT CAUSES	(m)		
DISEASES OR CONDITIONS, IF AI	NY, GIVING DUE TO	OR AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.			
2	(c)		
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING		
O THE DEATH BUT NOT RELATED T	TO THE TERMINAL		
OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN 2004. DATE OF OPERATION 2008. CC		NAS PERSONAS	In Ally Open (Verse No.)
O DATE OF OFERANOR 255. CO	UNDITION FOR WHICH OPERATION	N WAS PEKFORMED	21. AUTOPSY? (Yes or No)
			no
O HAIDERIVING TOR CONTRIB	228. PLACE OF INJURY	(e.g., in or obout 22C. WHERE DID (If in Baltimore City, office bldg., etc.) INJURY OCCUR?	, give exact location)
UTING CAUSE OF DEATH.			/
22D. TIME (Month) (Day) (Ye	ear) (Hour) 22E INJURY OCCUR	RED. 22F. HOW DID INJURY OCCUR?	
(APPROX.)	m. WHILE AT	NOT WHILE AT WORK	
23.	m., rock	AI WORK	
I certify that I held on	Inquiry Inspection	Autopsy and that on this basis, deat	In my opinion
resulted from Notural co			
1010172	Accident 5	CHIEF MEDICAL EXAMINER	nonner [_]
ACTUAL //	and the No		DATE SIGNED
SIGNATURE	Malany	M.D. ASSISTANT MEDICAL EXAMINER	A
EXAMINER'S	ro Mihalakis M D	ASSOCIATE MEDICAL EXAMINER	12-11-70
24A. BURIAL CREMATION, 24B. DATE	re Mihalakis, M.D.	ERY or CREMATORY 24D. LOCATION (
REMOVAL (Specify)			
Burial 12-15			del Cyy., Md.
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DECIA MINO CAL	E Jake MER ()) Wm C March 928 E.	North Ave.
VS 151-REV. 1/1/68			

The state of the second comment of the second of the secon . cv. error . 1989 fould public of the State of

BALTIMORE CITY H	EALTH DEPARTMENT
H-652 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70 12130
DIKITINO.	REG, NO.
1, NAME OF DECEASED (Type or Print) MARIE HERRING	2. DATE Known X Month Day Year Hour
PRATE HEARING	DEATH Estimoled December 11, 1970
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
HOSPITAL ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD December 11, 1970 7:25 P.M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
Union Memorial Hospital (DOA)	A. STATE Maryland B. COUNTY 27-39
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female Negro WIDOWED DIVORCED	Politicano I III III
9. DATE OF BIRTH 10.AGE (in years 10.4 Hz Under 14 Hz House 124 Hz Months, Days , Hours , Min.	Baltimore YES NO
	1322 Kitmore Road
12-25-1900 69 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	
South Carolina	George Sowels
I 4A-USUAL OCCUPATION (Give kind of work I 4B. KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)	115. MOTHER'S MAIDEN NAME
Housewife	Ida Jackson
14. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	IB. INFORMANT ADDRESS
SECONTIFICO,	Alice I. Franklin 1332 Kitmore R
19. ZZ CAUSE OF DE/	ATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Arterios	clerotic cardiovascular disease
LEADING TO DEATH	
(This does not meen the mode of dying, e.g., (A)IMMEDIATE	AS A CONSEQUENCE OF
heart foilure, osthenio, etc. it means the disease, Injury or complication which coused death.)	
ALIPPOPARA PAUGE	
DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE TO, OR	AS A CONSEQUENCE OF:
I RISE TO THE ABOVE CAUSE (A) STATING THE	NO V COLLEGE OLS
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	No
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	In or obout 22C. WHERE DID (if in Boltimore City, give exact location)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	bidg, etc.) INJURY OCCUR?
2 22D. TIME (Month) (Doy) (Year) (Hour) 22E-INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	WHILE C
23.	VORK L
I certify that I held on Inquiry Inspection A	topsy ond that on this basis, death in my opinion
	de Homicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL O TO	ASSISTANT MEDICAL EXAMINER X
SIGNATURE MATERIAL SIGNATURE	
EXAMINER'S NAME (Type) Charles S. Springate, M.D	. ASSOCIATE MEDICAL EXAMINER L December 12, 1970
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 12/16/70	Lake City, S.C.
25A. DATE REC'D BY HEALTH DERT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
DEC14 BIR WAS E VENE TO O	Wm C March 928 E. North Ave.
VS 151-REV. 1/1/6B	

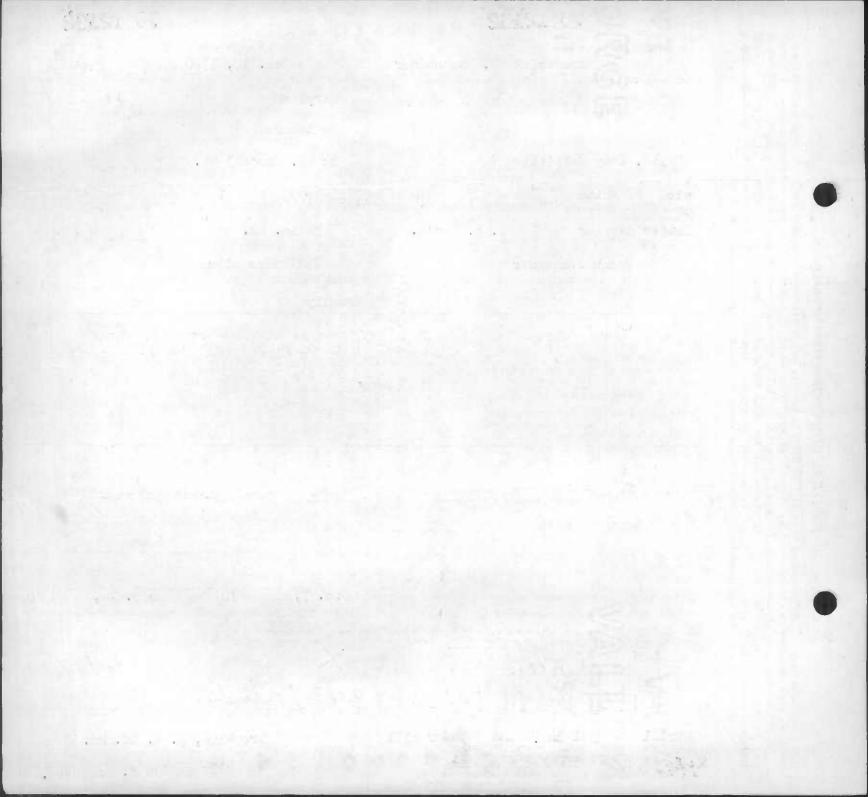
and deep at the greek was in the

1	/ 2//) 711 12124	Y HEALTH DEPARTMENT	0.12131
BIRTI	CERTIFICA	TE OF DEATH	
	ME OF DECEASED	2. DATE AND HOUR OF DEATH	. 212 1
3 DI	ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	14. USUAL RESIDENCE (Where deceased lived, Il instituti	on: residence belore odmission
		4. USUAL RESIDENCE (Where deceased lived, II institution A. STATE B. COUNTY	
HOS	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE C	Y 0 - 0 S
121	ITUTION	446 DA 170 YES	
		E. STREET AND NUMBER	
	DAINS FORKINS FOSPITAL	315 S. SMPLLWOOD S	J.T.
. SE	MAKKIED IVEVEK MAKKIED	B. DATE OF BIRTH 9. AGE (In years lost birthday) Mo	Under 1 Yr. II Under 24 Hrs. nths Doys Hours Min.
0A.	WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY
lone	during most of working life, even if retired)	Ralt: mi	115A
3. 1	HOUSewite Home	Daltimore, Mid.	0(01)
	GEORGE BYRON	ELIZABETH WARFIELD	
5. W	os Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
Yes,	no of unknown) (II yes, give wor or dotes of service) SECURITY NO.	M. T. i. I. Acces	# 44
1	B. CAUSE OF DEAT	MR. IRving Litteree ea	APPROXIMATE INTERVAL
ч	DISEASE OR CONDITION DIRECTLY	0 (0 01	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	USE Stobable intracerellul hen	write 4-5 hass
	heorl failure, oslhenia, elc. Il means the disease,	A CONSEQUENCE OF:	3
	ANTECEDENT CAUSES	Thomas and cytotoxic	6-12 month
	(8)	S A CONSEQUENCE OF:	
	rise to the above couse (A) stating the		
-	UNDERLYING CONDITION last. (C)		
	THER SIGNIFICANT CONDITIONS CONTRIBUTING		
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		***************************************
RTIFIC	9A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FIND IN CERTIFYING CAUSES	OF DEATH?
3	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Baltimore City	y, give exoct location
Z 1	OR CONTRIBUTING CAUSE OF CAUSE	office bldg., INJURY OCCUR?	
ă :	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
5	OF INJURY (APPROX.) While At Not Whi Work At Work		
	22. I certify that (I) (this haspital) attended the deceased fram		Noe 12, 19 70
	that (1) (we) last saw the deceased alive an 12/12/	19 70 and that in (my) (aur) apinian	
	and have and from the causes stated above (1) (We) (did) (did nat)		
	3AC SIGNATURE O		DATE SIGNED
	Douglas K. Aurly DEGREE Ph.	hending Med. Staff ys. Director Phys.	2/12/70
1	RAME (Type)	23D. ADDRESS	/
	DOUGLAS L. HURLEY M.D. DEGREE	JOHNS HOPKINS HOSPIT	AL,
24A.	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CE	REMATORY 240. LOGATION (City, to	wn, or county) (Stote)
X	DURIA 12-16-70 CEDAR HILL	Cemetery Salton	Md.
25A.	DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR	25C. FUNERAL BIRECTOR	lesco alla
15	EGGO BATT COORD OF ASSESSED IN	1/16 Could as I lary	ecount
5 1	50-REV. 1/1/68	V	



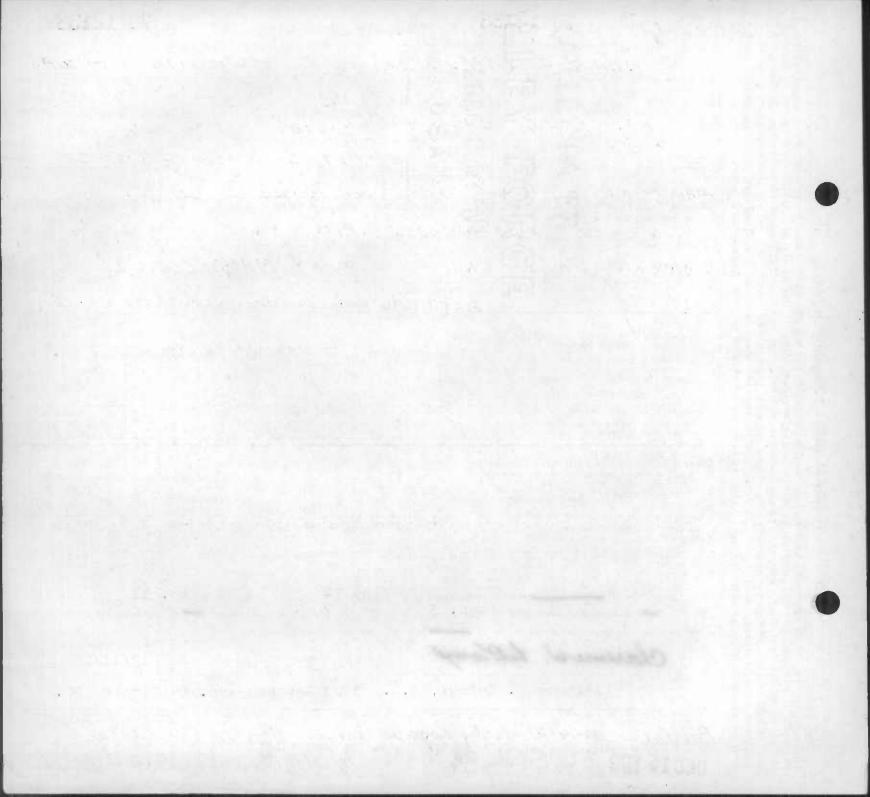
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his certificate must be approved by the chief medical examiner or his assistant it death occurred in a hospital and	he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	nows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	eceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	10 10
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-	7	70 4	9400	BALTIMORE CITY	HEALTH DEPARTMENT		MO 40400
1)-536	10 1	2132	CERTIFICA	TE OF DEATH	REG. NO	70 12132
BIR	TH NO.	22242			O DATE	AND HOUR OF DEAT	· W
	e or Print)	Freder	ick W.	Schneider		. 10, 1970	2:45 A M
3. 1	PLACE IN BALT	IMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (VA. STATE	Where deceased lived. If	institution: residence before odmission)
FU	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTIT	TUTION, GIVE STREET	Maryland C. CITY OR TOWN		24-04
IN S	NOITUTITE				Baltimore		NSIDE CITY LIMITS?
Į,	3 /				E STREET AND NUMBER		YES A NO
	Balto.	City Hospit	al		120 E. Ra		
5. S		6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	Male	White	WIDOWED		7 18 1899	lost birthdoy) 71	Months: Days Hours Min,
		PATION (Give kind of work	108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
oni		Carrier	U.	S. Gov't.	Balto.	Md.	USA
3.	FATHER'S NAM	A E	1		14. MOTHER'S MAIDEN	NAME	
		Jacob Schnei	der		Katheri	ne Albach	
5.	Was Deceosed	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes	NO NO	(If yes, give wor or dote	s of service)	SECURITY NO.	Family		Same
_	18. 4 / 0	0 1		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASES O	R CONDITIONS, if above cause (A) CONDITION last.	any, giving		A CONSEQUENCE OF		
		11		4			
ATION	TO THE DEAT	CANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR	HE TERMINAL				
RTIFICA	19 A. DATE OF		IDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208, IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
AL CE	OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF	21 hos	me, form, factory, street, o	in or obout 21 C. WHERE DIE ffice btdg., INJURY OCCUR	O (If in Boltin	more City, give exact location
MEDIC	21 D. TIME OF INJURY (APPROX.)	(Month) · (Day) (Year)	W	E. INJURY OCCURRED hite At Not White At Work	le 🖂	INJURY OCCUR?	
	22 1	ahaa (1) (ahia haastaal		the deceosed fram		10 70 4-	Dec. 10, 19 70
		lost sow the deceose					opinion deoth occurred on the date
							opinion decin occorred on the date
	and hour ond		red abave.	(i) (we) (did) (did not)	view the body ofter deo	th.	23B. DATE SIGNED /
	A SIGNATU	LOSC P	000	AH Phy	ending Med.	Staff Phys.	12/11/20
	23C. PHYSICIA	N'S (Pel)	DAS	DEGREE "	23D. ADDRESS	1. 1. 11	
24A	BURIAL CREA	MATION, 24B. DATE	24C. N	TAKE OF CEMETERY OF CR	EMATORY 245	LOCATION CONTRACTOR	(City, town, or county) (Stote)
	Burial	12 14	70	Cedar Hill		Brooklyn, A.	A. Co. Md.
25 A	. DATE REC'D	BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. FUNERAL DIREC	TOR	ADDRESS
	DEC 15	TOTA Page B	E Fall	A A	2 9 1 1 6	Mc Cully	130 E. Fort ave.
1.40	100 BCV 1/1/	D		- M		-	



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1 ./-	PART C	20400	BALTIMORE CITY	HEALTH DEPARTM	IENT	20100
-145 BIRTH NO.	70	12133	CERTIFICA	TE OF DEA	TH REG. NO.	70 12133
To NAME OF DECEAS		JAK	BLONSK	2. [DEC. 11, 19	
3. PLACE IN BALTIM	ORE MARYLAND, W			4. USUAL RESIDEN	CE (Where deceased lived, I B. COUNTY	l institution: residence belare odmission)
FULL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	md.		2-03
HOSPITAL OR	. 4		11	C. CITY OR TOWN		NSIDE CITY LIMITS?
C1.	hurch He	OME +	110sp.	BALTO E. STREET AND NU		YES X NO
35				527 5	WASHIN	
	RACE	1	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Doys Hours Min.
	white	WIDOWED		DCC. 23 1		
one during mast of work		KIOS, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stat	e or rareign country)	12. CITIZEN OF WHAT COUNTRY?
IPHOLSTE	KER	OWN .	BUSINESS	Md.		4.5.A.
3. FATHER'S NAME				14. MOTHER'S MAIL		
	T JAB			MARY	MAKARE	
es, no or unknown) (II	er in U. S. Armed Far yes, give war or dote	rces? es al service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO			212-07-1596	FRANCES	JABLONSKI	527 S. WAShing TON
18.	/		CAUSE OF DEAT	Н		APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITION DI ADING TO DEATH	RECTLY		Dec e co e lo		
(This does not	mean the made of		(A) IMMEDIATE CAI	A CONSEQUENCE OF	ogenic Carci	noma 7 mo.
	thenia, etc. II means cation which caused					
AN	TECEDENT CAUSES	5				
DISEASES OR	CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE O	F :	
	above cause (A)	stating the	(0)			
ONDERENING			(C)			
OTHER SIGNIFICA	II ANT CONDITIONS CO	NTRIBUTING				
DISEASE OR CON	BUT NOT RELATED TO T	RT (A).	************			
19A. DATE OF OI	PERATION 198. CON	NDITION FOR W	VHICH OPERATION	20 A. AUTOPSY? (Y	es or No. 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
U	WAS UNDERLYING	7 (218.	PLACE OF INJURY (e.g.,	NO	E DID (II in Rolti	more City, give exact location)
OR CONTRIBUTION	NG CAUSE OF	home etc.)	e, form, foctory, street, o	Ifice bldg., INJURY OC	CCU R?	more City, give exact location;
21 D. TIME (A	Aonth) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW	DID INJURY OCCUR?	
(APPROX.)		Whit	le At Not Whi			
22. I certify the	at (1) (this hospita	1) attended th	e deceased from J		19 70 to De	c. 11 1970 .
	st saw the decease			19 70		apinian death accurred an the date
) (We) (did) (did not)	view the hady after		
23A. SIGNATURE		1 10	/	7,000 7,000		23B. DATE SIGNED
Cla	creme is,	Les	Ph.	ending Med.	or Shaff Phys.	12/11/70
23C. PHYSICIAN'S			DEGREE	23D. ADDRESS	·	
NAME (Type	Clarenc	e W. Le	eDoux, M.D.	3023 Eas	stern Ave. B	altimore Md.
24A. BURIAL CREMA		24C. NA	ME of CEMETERY OF CR	EMATORY	24D. LOCATION	(City, town, or caunty) (State)
Bush (Spec	12-14-7	70 Ho	ly Rosary	Cem.	Batta. (o. md.
25A. DATE REC'D BY	HEALTH DEPT.		registe AR	269. FUNERAL D	DIRECTOR	ADDRESS
DEC15	Mi Valent &	Jan Bar	48	- W Fi	elkowski	2007 Eastern Lu.
VE 100 BEV 1/1/48	PA W		A STATE OF THE STA	100		



	S-100	7MEDICA	BALTIMORE CITY HE	ALTH DEPARTMENT CERTIFICATE OF DEATI	H _{REG NO} '70 12134'
	IRTH NO.				K50, 110
1. (T	NAME OF DECEASED	BARBARA	ELLEN SHOPE	2. DATE Known X Month OF Estimoted Decem	nber 9, 1970 Hour 4:30 P
FL	PLACE IN BALTIMORE, N JIL NAME OF (IF N OSPITAL ADDI R INSTITUTION		PRONOUNCED DEAD	3. DATE Month PRONOUNCED DEAD Decem	Doy Yeor Hour 4:30 P. M.
	71	City Hospi	tal	A. STATE Maryland	ed. If institution: residence before odmission) B. COUNTY Dal timore
6.	SEX 7. RACE	8. MA	RRIED NEVER MARRIED	C. CITY OR TOWN Dundalk	ID. INSIDE CITY LIMITS?
	Female Wh	240	WED DIVORCED	Baltimore	YES NO TO
	oct. 11, 1954	10. AGE (in years lost birthday)	if Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	E. STREET AND NUMBER 605 Old North Po	
11	BIRTHPLACE (Stole or fore Maryland	Ign country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Leroy F. Shope	
do	AUSUAL OCCUPATION (Gine dyring most of working lile, each of tudent	ive kind of work 14B. Kit iven if retired)		15. MOTHER'S MAIDEN NAME Cora E. Johnson	
16.	WAS DECEASED EVER IN S. no or unknown) (II yes, give	U.S. ARMED FORC wor or dotes of servi	ES? SECURITY NO. None	Mrs. Cora E. Sawyer,	5 Old ADDRESS N. Point Rd Balto. Md. 21224
NO	DISEASE OR CON LEADING T (This does not mean the heart ballure, asthenia, einjury or complication when the complication of the complication of the complication of the complication of the complex of the	O DEATH mode of dying, e.g. c. It means the disease itich coused death.) I CAUSES IONS, IF ANY, GIVIN AUSE (A) STATING TH IION LAST.	(8)	AS A CONSEQUENCE OF:	SETWEEN ONSET AND DEATH
CERTIFICATION	OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION	T RELATED TO THE TER	MINAL)-		
			N FOR WHICH OPERATION WA		21. AUTOPSY? (Yes or No) Yes
MEDICAL	UTING CAUSE OF DE 22D. TIME (Month) OF INJURY (APPROX.)	NTRIB- ATH.	ur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUM	oint store (Eastpoint R? Shopping Str.
	I certify that I resulted frame	Natural causes C		CHIEF MEDICAL EXAMINER	death in my opinion ed manner DATE SIGNED

EXAMINER'S NAME (Type) Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER December 10, 1970 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) 12/14/70 Woodlawn Cemetery Woodlawn, Maryland 258. NAME OF REGISTRAR 2SA. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS John J., Duda, 7922 Wise Ave. Dundalk, Md.

(Stote)

IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

RIPTH NO 76 22406 70 125	CERTIFICA	TE OF DEATH	REG. NO	70 12135
I. NAME OF DECEASED	(U) GENTING		ND HOUR OF DEATH	
	aRtin			17'ALPM
3. PLACE IN BALTIMORE MARYLAND, WHERE P	RONOUN CED DEAD	4. USUAL RESIDENCE (Who	re deceased lived. Il is	17:45 P.M
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	C. CITY OR TOWN	0	IDE CITY LIMITS?
Bon Secours Hos	pital	BALTIMAR! E. STREET AND NUMBER	-	YES X NO
94		1242 W L	OMBARD	577
m W WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH/2/25 P	9. AGE (In years pst birthdoy)	If Under 1 Yi. II Under 24 His Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KI) done during most of working life, even if retired)	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or love	ign country)	12. CITIZEN OF WHAT COUNTR
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Frederick martin		7	Eloyd	MARY KNOTI
5. Wes Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT	L Roc	ADDRESS
18. 776.21	CAUSE OF DEATH	1 1000		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, if any, is is to the obave couse (A) stoling UNDERLYING CONDITION last.	(c)	A CONSEQUENCE OF:		***************************************
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL	20A. AUTOPSY? (Yes or No	200 IS WE WERE	***************************************
WAS PERFORMED		Yes	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., in home, form, factory, street, off etc.)	or obout 21 C. WHERE DID		e City, give exect lecetion)
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
(APPROX)	While At Not While			
22. I certify that (1) (this hospital) attend			9 ta	
that (1) (we) last saw the deceased alive				lan death accurred on the date
and haur and fram the causes stated abo		au the hade after treet	in(my) (dur) dpir	ion death accurred on the dat
23A. SIGNATURE	(1) (ne) (ala) (ala hai) ()	ew the body offer death.		23B DATE SIGNED
Thomas Pones	M. M.D. Atten		Stoff Phys.	12/10/70
23C. PHYSICIAN'S NAME (Type) DHARA POP	DEGREE	Bon Shows	· Hospita	0
	C. NAME OF CEMETERY OF CREAT		CATION CIT	y, town, or county) (Stote)
DEC 15 1970 Takes Estate	RAR ()	2 25C FUNERAL DIRECTOR	Kenny Ju	16 00 Hollers St
S 150-REV. 1/1/68	*	1.7	7- 11.1	10,00110,0000,1

CERSI . CENSI VI This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	VY KYVVV	EASED IX ANNA MA	RIE	DDEGTED		AND HOUR OF DEAT		
		TIMORE MARYLAND, W		DRES LER	4. USUAL RESIDENCE IN	CEMBER 10	1970	5:30 A
					MA STATE B. CO	UNIT	4	esidenca belore admission
HOSE	NAME OF	ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	MARYLAND C. CITY OR TOWN	Baltimo		23-00
CT		CHOCDITAL			BALTIMORE	D. IF	VES T	MITS?
21	AGNE	S HOSPITAL			E. STREET AND NUMBER		153	NO
-	70				4109 WILK	ENS AVENUE		21229
SEX	MAIF	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under Months	Doys Hours Min.
-		WHITE	WIDOWED	DIVORCED DIVINES	12/11/97 11. BIRTHPLACE (State or 6	72		
one a	during most of w	vorking life, even it refired)		BOSINESS ON INDUSTRE	MARYLAND	oreign country)		TEN OF WHAT COUNTRY
	THER'S NAM				14. MOTHER'S MAIDEN N	LAAAE	USA	4
10	SE PH	CDEIII		DE 0.15				
		Ever in U. S. Armod For Of yes, give wer or date	cos?	DEC D	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			ADDRESS
NO	o or unknown)	Of yes, give wer or date	s of service)	217 09 8876				ORE MD 2122
18	000	2 / .		CAUSE OF DEATH	ST AGNES	HOSPITAL W	ILKEN:	S & CATON A
- I h	eart failure, c	ot mean the made of asthenio, etc. It means	the disease.	DUE TO, OR AS	SE A CONSEQUENCE OF:	***********************		***************************************
D nis	eort failure, and injury or company of compa	asthenio, etc. it means plication which caused interest causes. R CONDITIONS, if above cause (A) CONDITION fost.	the disease, death.) any, giving stating the MIRIBUTING HE TERMINAL TO I (A). DITION FOR NORMED	(B) DUE TO, OR AS (C)	A CONSEQUENCE OF: A CONSEQUENCE OF: 20 A. AUTOPSY? (Yes of NO	No) 208, IP YES, WERI	E FINDINGS AUSES OF D	CONSIDERED EATH?
D 100 170 170 170 170 170 170 170 170 170	eort failure, calliure, ca	asthenio, etc. it means plication which caused intecedent causes. R CONDITIONS, if above cause (A) CONDITION lost. Il CANT CONDITIONS COINT TO THE CONDITION OF RELATED TO THE CONDITION GIVEN IN PART OPERATION 1198. CON	the disease, death.) any, giving stating the MIRIBUTING HE TERMINAL TO I (A). DITION FOR NORMED	(B) DUE TO, OR AS (C) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., in e.g., form, foctory, street, all	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or	IN CERTIFYING C		CONSIDERED DEATH?
D mis U OTCOLOGIO	A ACCIDENT B A ACCIDENT A ACCIDENT B A ACCI	ashenio, elc. It means plication which caused interest of the cause (A) above cause (A) conditions (A) conditions cold but not related to the cause (A) condition given in part of the cause (A) condition of the cause (A) cause (the disease, death.) any, giving stating the stating the NTRIBUTING HE TERMINAL TO A LONG TO A	(B) DUE TO, OR AS (C) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., in foctory, street, all INJURY OCCURRED to At The Not While	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A-AUTOPSY? (Yes of NO	(II In Boltim		
D is U OIT ICO	eort failure, calling or company or contribute o	ashenio, etc. it means plication which caused in the course (A) above cause (A) conditions (A) conditions coil is but not retaited to the course of the cour	the disease, death.) any, giving stating the stating	(B) DUE TO, OR AS (C) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., in foctory, street, all INJURY OCCURRED to At The Not While	A CONSEQUENCE OF: 20A. AUTOPSY? (Yes of NO Obout 21C, WHERE DID in bidge, INJURY OCCUR?	(II In Boltim	ore City, give	exect location)
D is a second of the second of	eof failure, a plury or comp A DISEASES OF SECTION OF THE SIGNIFICATION OF THE CONTRIBUTION OF THE CONTRI	ashenio, elc. it means plicalian which caused in the caused in the caused in the cause of the cause of the cause of the cause (A) above cause of the cause of the cause of the cause (A) (A) and (B) (A) above cause (A) above	the disease, death.) any, giving stating the stating	(B) DUE TO, OR AS OF TO, OR AS OF TO, OR AS OF TO, OR AS (C)	A CONSEQUENCE OF: 20A. AUTOPSY? (Yes of NO) or obout 21C, WHERE DID INJURY OCCUR?	IN CERTIFYING C (II In Boltom NJURY OCCUR? 19 70 ta DE that in kak) (aur) as	CEMBE P	exect location)
D is U OTCOLOUR OF THE PROPERTY OF THE PROPERT	A ACCIDENT A A ACCIDENT E CONTRIBUT EATH (M) (we) 1 ad hour and	ashenio, elc. it means plicalian which caused in the caused in the cause of the cau	the disease, death.) any, giving stating the stating	(B) DUE TO, OR AS OF TO, OR AS OF TO, OR AS OF TO, OR AS (C)	A CONSEQUENCE OF: 20A. AUTOPSY? (Yes of NO.) or obout 21C. WHERE DID INJURY OCCUR?	IN CERTIFYING C (II In Boltom NJURY OCCUR? 19 70 ta DE that in kak) (aur) as	CEMBE P	exect location)
NOOTE TO	eof failure, a plury or comp A DISEASES OF SECTION OF THE SIGNIFICATION OF THE CONTRIBUTION OF THE CONTRI	ashenio, elc. it means plicalian which caused in the caused in the cause of the cau	the disease, death.) any, giving stating the stating	DUE TO, OR AS (B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., in foctory, street, all injury occurred to the form, foctory, street, all injury occurred to the foctory occurred to the f	a CONSEQUENCE OF: 20A. AUTOPSY? (Yes of NO NO NO NO NO NO NO NO	IN CERTIFYING C (II In Boltim NJURY OCCUR? 19 7 0 ta DF that in Mak) (aur) as	CEMBE P	exect location) 19_70 1 accurred an the date
NOTICE TO THE PROPERTY OF THE	ent failure, calling or company of company o	ashenio, etc. it means plication which caused in the cause (A) above cause (A) conditions, if above cause (A) condition to the conditions coil is but not retaited to the condition given in part of the condition	the disease, death.) any, giving stating the stating	DUE TO, OR AS (B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., in e., form, foctory, street, all INJURY OCCURRED INJURY OCCURRED IN At Work The deceased fram DE DE CEMBER 10 (We) (did) (ATM 16) VI	CLMBLR 6. 1970 and ew the bady after death	IN CERTIFYING C (II In Boltom NJURY OCCUR? 19 70 ta DE that in kak) (aur) as	CFMBFP	exect location) 2 1 0 7 0 n accurred an the date
NOTICE TO THE PROPERTY OF THE	A ACCIDENT A A ACCIDENT E CONTRIBUT EATH (M) (we) 1 ad hour and	ashenio, elc. it means plicalian which caused in the cause (A). The cause cause (A) conditions could be conditions could be conditions could be conditions could be conditions of the cause of the cause of the cause of the cause state in the causes state in the cause state in th	the disease, death.) any, giving stating the stating	DUE TO, OR AS (B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., in e.g. form, foctory, street, all INJURY OCCURRED INJURY OCCURRED At Work At Work DE CEMBER 10 (We) (did) (\$170, \$60) vi Atter Phys. Atter Phys. 2	A CONSEQUENCE OF: 20A. AUTOPSY? (Yes of NO.) 21C. WHERE DID 10ce bidg. 10c 10c	IN CERTIFYING C (II In Boilim NJURY OCCUR? 19 70 ta DF that In (aur) as Staff Phys. BALT	CFMBFP pinian deati	exect location) 19.70 1 accurred an the date
D in in in D in in in D in	ent failure, calling or company of company o	ashenio, elc. it means plicalian which caused in the cause (A) above cause (B) and the cause of the cause state (B) and the causes s	the disease, death.) any, giving slating the slating through the slating thro	DUE TO, OR AS (B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., in e.g., form, foctory, street, all injury occurred to the end of the end o	CONSEQUENCE OF: 20A. AUTOPSY? (Yes of NO NO NO NO NO NO NO NO	IN CERTIFYING C (II In Boltim NJURY OCCUR? 19 70 ta DF that In MAX) (aur) as Shaff Phys. BALT PITAL WILL	CFMBFP pinian deati	exect location) 2 10, 19-70 In accurred an the date SIGNED 10/70 MD 21229 CATON A VE

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to deatn); and (o) No pnysician was in regular attendance on the deceased prior to death. Such Written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be ap	the body was released to 1 shows: (1) An accident of a	was D.O.A. at a hospital (written approval must be	

7)-540 70 121	BALTIMORE CITY CERTIFICA	TE OF DEATH REG. NO	70 12137				
(1	O'NEIL, THOMAS STERLING, SR. DECEMBER 11, 1970 2:15 A.M.							
F	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) AUGUST ADDRESS OR LOCATION) AUGUST ADDRESS OR LOCATION) AUGUST ADDRESS OR LOCATION)							
	ST AGNES HOSPI CATON & WILKEN BALTIMORE, MAR	IS AVENUES	BALTIMORE Highlands E. STREET AND NUMBER 3236 MAGNOLIA AVENUE	YES NO X				
	WMXXE WHITE WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years last birthday)	II Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.				
	A. USUAL OCCUPATION (Give kind of work 100 king to during most of working life, even if relired) Hardwood Finisher FATHER'S NAME	TORE FIXTURE	MARYLAND	U.S.A.				
	THOMAS S O NEIL		ANNIE (Markell)					
(Y	NO	16. SOCIAL SECURITY NO. 215-03-791	ST AGNES HOSPITAL RE	BALTOPMS 21229 CORDS CATON &				
TION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., head loiding, etc., in means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) stoling the UNDERLYING CONDITION last. (A) IMMEDIATE CAUSE Myor and all Turbove from the Death Turbo							
ERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R. CONDITION I WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFTING CA	FINDINGS CONSIDERED USES OF DEATH?				
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or about 21 C, WHERE DID (If In Boltimorice bidg., INJURY OCCUR?	re City, give exact location)				
11.1	21D. TIME (Manth) (Day) (Year) (Haur) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work							
	22. I certify that (1) (this hospital) attended the deceased from NOVEMBER 30 19 70 to DECEMBER 11 19 70 that (2) (we) last saw the deceased alive on DECEMBER 11 19 70 and that in Xny X (aur) apinion death occurred on the date and hour and from the causes started above. XIX (We) (did) (A) XIX (view the body after death.							
	23A. SIGNATURE 23B. DATE SIGNED 23B. DATE SIGNED 12/11/70							
24.	NAME (Type) SALVABOR QUIROZ, M.D. STAGNES HOSPITAL CATON & WILKEN AVES PREMOVAL (Specify) 1240. DATE 1240. NAME OF CREMETERY OF CREMATORY 1240. LOCATION (City, fown, or county) (State)							
1		Loudon Park Cemer	Baltimore, Mar 2sc Puneral Director) Howard H. Hubbard, 4107	ADDRESS				
VS	150-REV. 1/1/68							

TELET UT THE UNIT THE SERVED . . LEASE IT, TOTAL CO. ALTER SHAPE SHAPE SALES 713 42 4 - 6 56 13/11/7= SEC STATE SECTION

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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

D -165 70 1213		HEALTH DEPARTMENT	REG. NO.	70 12138
(Type-or Print) LAWRENCE AWDREW		N 2. DATE A	ND HOUR OF DEATH	1 6 1 5 0
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (Who	ere deceased lived, If inst	itution: residence before admission)
FUEL NAME OF HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)		MARY CAND C. CITY OR TOWN	D. INSID	27-38 ECITY LIMITS?
UNIVERSITY OF MAIN	PYLAND	BACTIMOR E. STREET AND NUMBER		YES NO
	/		DARCROFI	
WIDON	NED NEVER MARRIED DIVORCED DIVORCED	6/3/03	(.7	II Under 1 Yr. II Under 24 Hrs. Months: Days Hours Min.
OA, USUAL OCCUPATION (Give kind of work 108, KIN done during most of working life, even it retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of lore	eign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED MACHINIS	TR& OR.R.	MARVLA	ND	
3- FATHER'S NAME	U.U. U. Della	MARYLA 14. MOTHER'S MAIDEN NA	ME	
LAWDENCE DAVE	RN	0.000=11	1	
. Was Deceased Ever in U. S. Armed Forces? es,no or unknown II yes, give wor or dotes of servi	1 6- SOCIAL	17. INFORMANT Mac	Dayson Days	TIFE ADDRESS SAME
UNKNOWN	705-14-0613	BUT HOST	TTAL C	SAME SAME
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	Ĥ		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAI	SE RECLEBING PN	EUMONITIC	35 DAYS
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury or camplication which caused death.)		A CONSEQUENCE OF:	*************	······································
ANTECEDENT CAUSES	De . I e	-101 = h		10 01 510
DISEASES OR CONDITIONS, if any, gi	(B) DUE TO OR AS	TIPLE MYES	-01714	18 MONTHS
rise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)	A CONSEQUENCE OF:		
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG IAL			
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208 IF YES, WERE FIN	HOINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Incity medical examiner	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.)	or obout 21 C. WHERE DID	(If In Boltimore	City, give exect location)
21D.TIME (Month) (Doyl (Yeor) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Work Not While At Work	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (i) (this hospital) attended			19 <u>70</u> to	12/6 19 70
that (1) (last saw the deceased alive	100	(-2 -)		an death occurred on the date
and haur and from the causes stated above			er in (ma) (sales obtute	un awarn occurred on the date
23A. SIGNATURE		iem the budy after death.	h h	38 DATE SIGNED
Meyer R. Heyn	M.D. DEGREE Phys	Med. Director	Stoff Phys.	12/6/20
23 C. PHYSICIAN'S NAME (Typel		3D. ADDRESS		
MEYER R. HEVA	AN MD DEGREE	UNIV. OF	MARYLAN	D HOSPITAL
5 40/0/00			OCATION (City,	town, or county! (Stote)
BURIAL 12/9/70 54. DATE REC'D BY HEALTH DEPT. 1258 NAM		AUSOLEUM	BALTIMORE	, MD.
DEC15 1970 Pages E. Jan	AE OF REGISTRAE	TOHELL WIE	DEFELD Hos	ME 6500 YORK H
150-REV. 1/1/68				

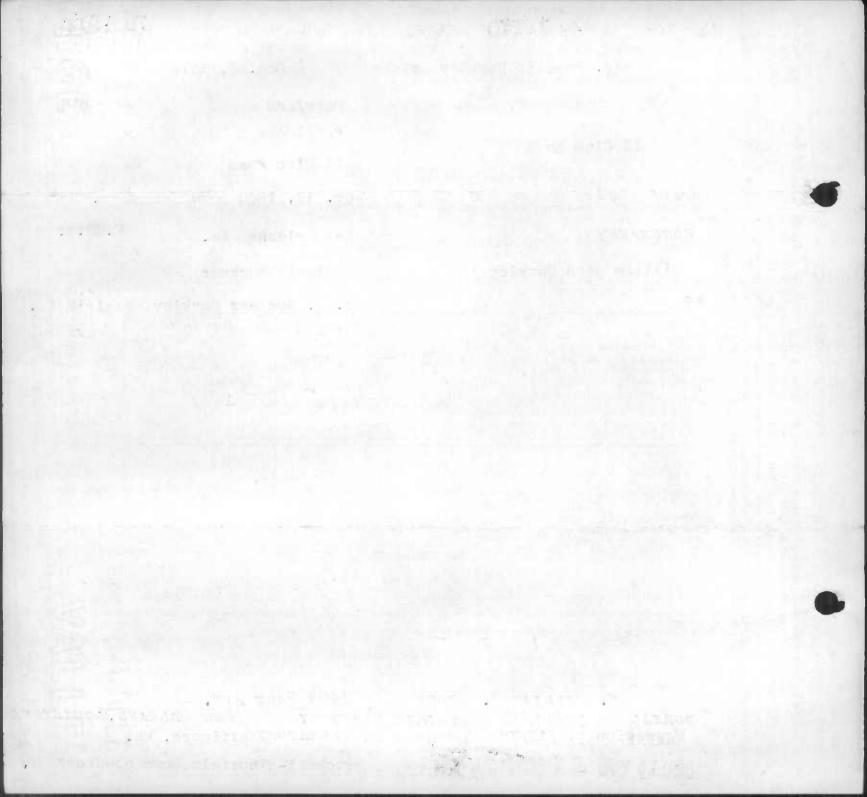
1. BEASI ON THE WALL Newsking of the Control of the Contr

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	A	1	70 121	30 BALTIMORE	CITY HEAL	TH DEPARTMENT	9	20 4040	à.
		1-151			CATE	OF DEATH	REG. NO	70 1213	19
		AME OF DECE	ASED/			2. DATE AN	ID HOUR OF DEAT	Н	
	(Тур	e or Print)	NODOEN hERG.	ER EdWAR		4 12	2.9.70	8 3	0 P. M.
	3. P	PLACE IN BALTI	MORE MARYLAND, WHERE	PRONOUNCED DEAD	4. US A. ST	UAL RESIDENCE (When		institution: residence before	e odmission)
		L NAME OF	(IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	1	1ARy/AN	d	53	.00
	INS	TITUTION			C. CIT	YOR TOWN	D. IN	ASIDE CITY LIMITS?	31
1	7	1 JEW	11sh CONUAL	ESCEN/ HOM	18 E. STE	EET AND NUMBER	24 D	UNKIRK ROA	
	110				XX	KARRERKA	SASSER!	XXXXXX	
	5. \$1	EX 6	RACE 7. MA	ARRIED NEVER MARRIED	B. DAT		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 1 Months Doys Hours	nder 24 Hrs.
		MAIE	0011110	OWED DIVORCED	0 6	6/ FXX	Tax of		
	t0A. done		ATION (Give kind of work 10 B. KI orking life, even if retired)	IND OF BUSINESS OR INDU	STRY 11. BIT	THPLACE (State or forei	gn country)	12. CITIZEN OF WHAT	T COUNTRY?
	10 -	RETIR			1	EXAS 19	\Rightarrow	U.S. H.	
	13. F	FATHER'S NAM		OPPENBERGER	14. M	OTHER'S MAIDEN NA!	WE TO A DOMEST	M . C	
	16 W	Non Donound F	ver in U. S. Armed Forces?	1 6. SOCIAL	17 1911	ORMANT	IZABETH	MAGUIRE	
	(Yes,	, no or unknown)	Il yes, give wor or dotes of se	ervice) SECURITY NO.			17		
	_	XXXXX	NO	212-26-63S		RJORIE V.	NOPPENI	BERGER SAI	
		18. 4 3 DISEASE	OP CONDITION DIPECTLY		EAIN			BETWEEN ONSE	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF							10		
			I meon the mode of dying, sthenia, etc. It means the di	e.g., DUE TO, O	R AS A CONS	EQUENCE OF			
			licotion which coused death.	.)	4.	0		0.	
			NTECEDENT CAUSES	(B) CEN	erios.	SEQUENCE OF:		several you	5
		rise to the	obave cause (A) statin	grving		SEGULACE OF.			
		UNDERLYING	CONDITION lost.	(c)					
			EANT CONDITIONS CONTRIBL						
	ATI	DISEASE OR CO	BUT NOT RELATED TO THE TERM						
	RTIFIC	19A. DATE OF	OPERATION 198. CONDITION WAS PERFORME	FOR WHICH OPERATION	207	AUTOPSY? (Yes or No	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?	,
2	3		WAS UNDERLYING	218. PLACE OF INJURY	e.g., in or obo	out 21C. WHERE DID	(If in Baltin	nore City, give exact location	n¹
	V		nedical examiner	home, farm, factory, stre	et, office bld	J., INJURY OCCUR?			
3			Month) (Doy) (Year) (Hou	21E. INJURY OCCURRED)	21F. HOW DID INJ	URY OCCUR?		
	>	(APPROX.)		While At Not	While Work				
3	22. I certify that (1) (this haspital) attended the deceased from 12.5-1920 to 12-9-1920,								
		that (I) (we) I	ast saw the deceased aliv	ve on 12 - 6.	70	19 20 and th	at in (my)_(aur) o	ppinion deoth accurred	
		ond haur and	from the couses stated ab	ove. (I) (We) (did) (dld n	ot) view th				
		23A. SIGNATUR	m H	TO MIX	A			238, DATE SIGNED	
5		7	Elsevory (DEGREE	Attending Phys.	Med. Director	Shaff Phys.	12.9.70	
3		23C. PHYSICIAN NAME (Typ	rs (e)	n 1 114	23D. AL	DRESS March	and d.	Dan 1.1	1000
1	244	E E	ATION 24B DATE	OOK NAME OF CEMETERY	GREE 24	31 2 (4) 7 10	and live	Salto. Ma	2/2/8
		REMOVAL (Sp		24C. NAME of CEMETERY o				(City, town, or county)	(31016)
2	B	URIAL	12/12/10 BY HEALTH DEPT. 2500 N	ST. JOSEP		H. CEM.	TEXA	AS,	MD.
	ZJM.	DEC 15	1971 (68e, 8 E.	2. 10 a 10 a	2 MT			Home 6500	
1	VS 1	150-REV. 1/1/6E	1001	11.00	111	Rn. R	ALTO MD.	21212	TORK

Teamsh Champhaern Thing But Wasser Language Champhaer State Champhaer State Champhaer Makeuse you All the ages | Managare V. Norsessand was it the The state of the s

111	·Ins	PM/)	2. 10. 1	BALTIMORE CIT	Y HEALTH DEPARTMENT		mo do.
BIRTH	- 420 NO.		2140	CERTIFICA	ATE OF DEATH		70 12140
	AE OF DECE.					ND HOUR OF DEATH	Tenny A
				kley Walsh	e Dec	8, 1970	stitution: residence before admission)
3. PLA	CE IN BALTI	IMORE MARYLAND, V	HERE PRONOU	NCED DEAD	A. STATE B. COU	ere deceased lived. If in NTY	stitution: residence beloie odmission)
HOSPI	NAME OF TAL OR UTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITU	TION, GIVE STREET	Maryland c. CITY OR TOWN	D. INSI	DE CITY LIMITS?
-					Baltimore		YES NO NO
		11 Club Roa	ad		E. STREET AND NUMBER		
			-		11 Club R		
5. SEX		6. RACE	_	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yi. If Under 24 Hrs. Months Doys Hours Min.
	male	White	WIDOWED		Nov. 12, 19	00 70	
		PATION (Give kind of wor orking life, even if retired)	KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
F	HOMEM	AKER.	1		Now Orlean	c In	U.SS.A.
	HER'S NAM				New Orlean	ME	
	M4112	om Tehn D	1				
15. Wo	Deceased	am John Ba	rces?	1 6. SOCIAL	Minnie B	uckner	ADDRESS
(Yes, no	oi unknown)	(If yes, give wor or dot	es of service)	SECURITY NO.			
					Mr. N. Buck	ner Barkle	y Metairie La.
18.	401	2 X		CAUSE OF DEA	TH THE Bro- Voscula THE BRO- Voscula THE BRO- VOS CULAR THE BR	en accident.	APPROXIMATE INTERVAL
		OR CONDITION DI	RECTLY	Ce	a was our	Francis	e Sustantly
(T		of meon the made of	dying, e.g.,	(A) IMMEDIATE CA	SA CONSEQUENCE OF	1. 5	4 a Dual must
he	eorl foilure, c	osthenio, etc. Il means olicotian which caused	the disease,	DOL 10, OK A	relais Casen	lay arria	Le Francisco
		NTECEDENT CAUSES			mysearchise i	thereway ;	1. 11
				(B)	S A CONSEQUENCE OF:	aron /	/ [
		R CONDITIONS, if above couse (A)		DOE TO, OK A	S A CONSEQUENCE OF:		
		CONDITION lost.		(C)			
_		- 11					
		CANT CONDITIONS CO					
▼ DI	SEASE OR CO	NDITION GIVEN IN PA	RT + (A).		100A======W	L-V 200 IF	
19	A-DATE OF	OPERATION 198. CON	IDITION FOR V	HICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
E 21	A ACCIDEN	T WAS IINDEDIVING	7 210	PLACE OF INITION	in a about 21C WHERE DID	(96 :- Pale	to City give expet lengther
O DE	ATH (notify	T WAS UNDERLYING TING CAUSE OF	etc.)		office bldg., INJURY OCCUR?	it in Bottimor	e City, give exact location)
21	D. TIME	(Month) (Doy) (Year)		INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
>	PPROX.)		Whi	e At Work			
22	. L certify t	that (1) (this haspita	I) attended th	e deceased from	act	1935 to 10	le 7 1970.
	,	last saw the deceas			1976 and t		nian death accurred an the date
	-4					-	down decorred on the dole
	A. SIGNATOR	10 11 11	red abave. (I	(me) (ala) (ala nat)	view the bady after death.		23B, DATE SIGNED
23	A	11 14	tood	1 74 X A	tending Med.	Staff	12 10 12
		1 110 1	, , , , ,	1 M DEGREE PH	med. Director	Phys.	12-10-10
23	NAME (Ty	po)	/		23D. ADDRESS		
		DR. WILL	IAM H.	WOODY DEGRE	1403 PARK	AVE.	
24A. 9	LIA FRAN	ATION, 2487 DATE 1	4/774C.NA	METATRIE C		LOCANDW ORL	EAWS, LOUIS FANA
	Grema	tion 12/	12/70	Loudon Pa		Baltimore,	
25A. D	ATE REC'D	BY HEALTH DEPT.	25B. NAME**		256 FUNERAL DIRECTO	R	ADDRESS
-	FC15	1978 P. R. O	E. Falls	164			me 6500York Rd.
VS 160	PEV 1/1/6	The Address		Service .			



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, such written approval must be obtained before the remains are embalmed or final disposition is made.
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	R-152 70 1	2141		HEALTH DEPARTMENT	REG. NO	70 1	5141
(T	NAME OF DECEASED (Pe or Print) FRANK	ANTHON	X REVNOC	11 De	and Hour of DEAT	70. 17:0	00 A. M
HOSPITAL OR INSTITUTION, GVE STREET ADDRESS OR LOCATION) 12-17-70			A. USUAL RESIDENCE (W. A. STATE B. COL MARYLAND. C. CITY OR TOWN	UNIT	NSIDE CITY LIMITS?	before odmission)	
	SOUTH BALTIMORE G	ENERAL	HOSPITAL	E. STREET AND NUMBER	C	REET	NO
1	ALE. W	WIDOWED		8-24-14	9. AGE (In years last birthday)	Months Doys	Il Under 24 His. Hours Min.
100	A. USUAL OCCUPATION (Give kind of work to during most of working life, even it retired) WELLEY PLOYED . Welder FATHER'S NAME	Coas	Business or Industry t Guard terer	PENNSYLVAN	reign country)	12. CITIZEN OF	WHAT COUNTRY?
	JACOB Revnoc			CATHERIA	11	R	
(Ye	Was Deceased Ever in U. S. Armed Fores, no or unknown) (III yes, give war or dote:	s of service)	16. SOCIAL SECURITY NO. 196-09-6/60	AGNES Revnoc	3612 ST. Ma	ADDRE ST	55 Bay = MD29
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart follow, esthenia, etc., it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). UNDERLYING CONDITION GOVERNING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
CAL CERTIFIC	19A. DATE OF OPERATION 19B. CONT WAS PERF 21A. ACCIDENT WAS UNDERLYING OR OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	DRMED noca 218,1	(Big Tongre of	20A. AUTOPSY? (Yes or) or obout 21C. WHERE DID ice bldg, INJURY OCCUR?	IN CERTIFYING C	E FINDINGS CONSIDERAL AUSES OF DEATH?	
21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While AI Nork AI Work							
	22. I certify that (N) (this hospital) attended the deceased from 10/16/30 19 ta 12/11/30 19 that (I) (Ne) last saw the deceased alive an 12/11/30 19 and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above. (I) (Ne) (did) (did nat) view the body after death.						
	23A. SIGNATURE Altending Med. Staff Director Phys. 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS						
24/	BURIAL CREMATION, 24B, DATE REMOVAL (Specify)		ME OF CEMETERY OF CREA	MATORY 24D.	LOCATION (City, town, or county)	(Stote)
	Burial 1.2/1.4/ DATE REC'D BY HEALTH DEPT. DEC.15 1971 Robert E	70 C	REGISTRAN	George J.	Gonce 4	le, Md. +001 Ritch 4d. 2122	nie Hgy.

MAIST OF

C-435 70 12142 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH

70	12	14	15
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		MILL	ICAL	TVWMIII 4FV 2	-FK 111	ICAIL OF	DLAII	REG. NO			
BIRTH NO.	TEACED				2. DATE	101			V	1	
1. NAME OF DECEASED (Type or Print) MARIE E. KKAXXXX Clayton						Known 🔯	Month Decemi	per 9, 1	970	4:00	р.
				DEATH 3. DATE	23,111,014,0	Month	Doy	Year	Hour	- M.	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET			PRON	DUNCED DEAD	Decemi	per 9, 1	970	4:00	P		
RI III (O		PIL	AN	IENUEU		RESIDENCE (Where	deceased liv	ed. If Institution:			
South	Baltim	ore Ge	neral	Hospital12-17-	A. STATE	Maryland		A A	0716		
6. SEX	7. RACE		8. MARRIE	D NEVER MARRIED	C. CITY C			D. INSIDE CIT			
Female	Whi	te	WIDOWE			Baltimore		YE	5 [X] = :	NO D	
9. DATE OF BIRT	н	10. AGE (In	Veors	f Under 1 Yr. If Under 24 Hrs. lonths : Doys : Hours : Min.	E. STREET	AND NUMBER					
Dec. 29	,1.920	lost birthdo	9 "			208 Ediso	n Stree	et			
11. BIRTHPLACE	State or lareig	n country)	13	2. CITIZEN OF	13. FATHE	R'S NAME					
Maryla	ınd			WHATCOUNTRYS		Joseph					
done during most of	PATION (Give working life, ev	e kind of work en if retired)		OF BUSINESS OR INDUSTRY	15. MOTH						
- 00				tellary		Florenc	e Himn				
16. WAS DECEAS	ED EVER IN I	vor or doles	of service)	21.5 1.6 41.3	18. INFO		01000		DRESS	Cama	
No						rnard D.	Clay	on, Br		PROXIMATE IN	115 DV 41
19.	551	X		CAUSE OF DEA	TH					TEN ONSET A	
	E OR COND		CTLY			Cres als a to a se		la = = d			
	LEADING TO		Ing. e.g.	(A) IMMEDIATE C		Gunshot wo	una or	nead			
heart tollure	e, osthenio, étc mplication white	. It meons the	disease,	502 10, OK	~ ~ CON 12	QUENCE OF					
	NTECEDENT OR CONDITION		GIVING	(B) DUE TO, OR	AS A CONS	EQUENCE OF:		***********			
RISE TO TH	OR CONDITION E ABOVE CAI NG CONDITI	USE (A) STAT	ING THE								
8				(c)							
OTHER SIGN	NIFICANT CON	II ADITIONS CO	ONTRIBUTII	NG							
O THE DE	ATH BUT NOT	RELATED TO	THE TERMIN								
				OR WHICH OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Yes o	r No)
Ö										Yes	
22A. EXTER	NAL CAUSE		22	B.PLACE OF INJURY (e.g., ome, form, foctory, street, office	in or obout	22C. WHERE DID	(If In Baltimor	City, give exoc	t location)	50-	0.0
@ UTING □ CA	USE OF DEA			Bedroom	o Didg., elei/	4104 3rd	Street	(Anne A	runde	1 Coun	ty)
≥ 22D. TIME OF INJURY		petwee		WHILE AT NOT	Average for	22F. HOW DID IN	JURY OCCU	R?			
(APPROX.) 1	2-9-70	& 2:30	P. "	WORK AT W	WHILE VORK	Shot self					
23.	tify that I h	ald 1		Innerta Au	topsy X	and about on a	Lta baata	J			
			nquiry 🗀			ond that on t			-		
resul	ted from: N	notural cou	ses [_]	Accident Suicid	ie La. I			ed monner L	1		
ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED											
SIGNAT		1 1	2 -	ya who	,	OCIATE MEDICAL I				10 10	70
NAME (Type)		S. SI	oringate, M.D.				Dece	mber	10, 19	70
24A. BURIAL CRE REMOVAL (Spec		4B. DATE	- 11111	24C. NAME of CEMETERY	or CREMA	TORY 24D.	LOCATION	(City, town,		(Stot	ie)
Buria		1.2/1.	2/70	Glen Haver	1		Glen :	Burnie	, Md.		
25A. DATE REC'D	BY HEALTH	DEPT.	25B. NA	ME OF REGISTRAR		FUNERAL DIRECT			DRESS	1-2- 22	
DEC 15	1977	Page 18 8	C Jal	100 ADD 17	0 6	George J.		e 4001	. 04	nie H	gy.
VS 151.REV. 1/1/6	8						altim	ore Mc	1 21	445	

V.S. 153 12-17-70 M.H.

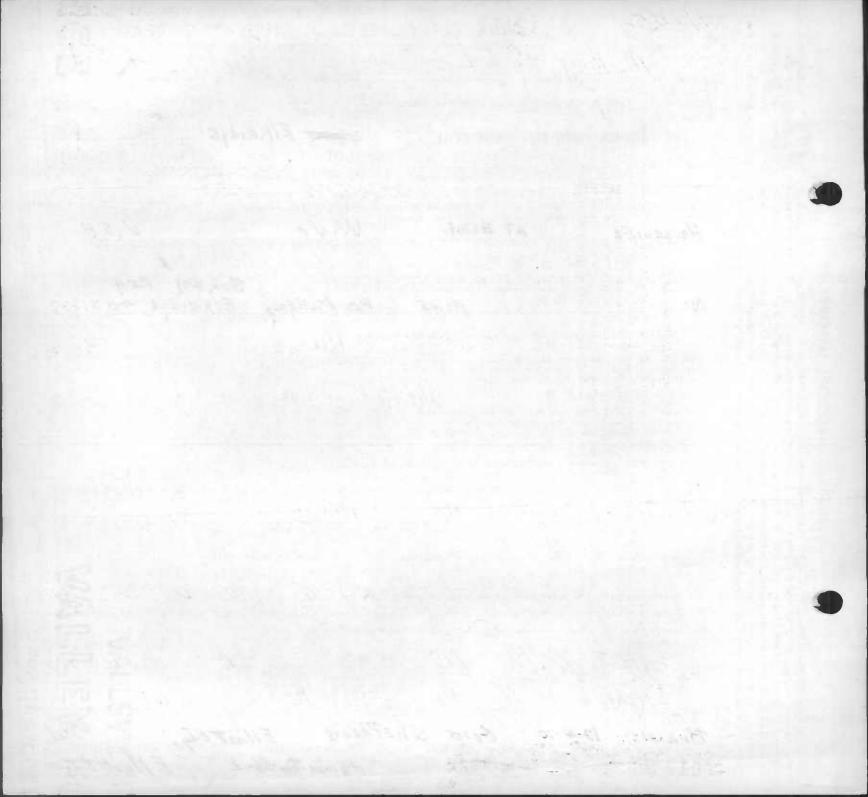
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BALTIMORE CIT	Y HEALTH DEPARTMENT					
70 12143 CERTIFICA	ATE OF DEATH REG. NO. 70 12143					
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH					
Margarel K. Keese	12-8-70 10:05 AM					
3. PLACE IN BALTIMONE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY					
FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Mary Land a all					
INSTITUTION	Kiviera Beach D. INSIDE CITY LIMITS?					
Bon Secours Hospital	E. STREET AND NUMBER					
	8464 Main Chienne					
6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.					
WIDOWED DIVORCED 10A. USUAL OCCUPATION Give kind of work 108, KIND OF BUSINESS OR INDUSTR	12-27-4 65					
dons during most of working life, even if retired)	11. BIRTHPLACE ISlote or foreign country) 12, CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME					
Plitter 11 Plans	100					
15. Was Decegsed Ever in U. S. Armed Forces? [16. SOCIAL (Yes, no or unknown)] lif yes, give wor or dotes of service) SECURITY NO.	XXXXXXX Margaret Kelly 17. INFORMANT ADDRESS					
hall he had						
NO						
DISEASE OR CONDITION DIRECTLY	ve no motors					
(A)IMMEDIATE CA	USE					
heart foilure, ashenio, etc. It means the disease, injury or camplication which caused death.	A CONSEQUENCE OF:					
ANTECEDENT CAUSES	- Carcinoling, over 15 year					
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:					
nise to the obove couse (A) stating the UNDERLYING CONDITION tast. (C)						
\\/\shape====================================						
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTING	at foot. aspiration day					
< DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A AUTOPSY (Yes) or No. 208. IF YES, WERE FINDINGS CONSIDERED					
194-DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?					
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or contributing Cause OF home, form, foctory, street, or contributions)	In or obout 21 C. WHERE DID (IN/n Boltimore City, give exact location)					
DEATH Inotify medical examined						
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED White At The Not	21F. HOW DID INJURY OCCUR?					
Mork At Work						
22. I certify that (1) (this hospital) attended the deceased from 12-1-20 1970 to 1970						
that (i) (we) lost sow the deceased alive an 12 7 ond that in (my) (our) opinion death accurred on the date						
and hour and from the couses stated above. (1) (We) (did) (did nat) view the bady after death.						
23C. PHYSICIAN'S [23D. ADDRESS						
NAME (Type) TOWBE M.D.	Bin Secon thospital					
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City, town or county) IStotel					
Burial 12/11/70 New Cathedra	1 Baltimore, Md.					
25A. DATE REC'D BY HEALTH DEPT. 25B. HAMO OF REGISTRAR	2 George J. Gonce 4001 Ritchie Hgy.					
VS 180 95V 1/1/49	Baltimore, Md. 21225					



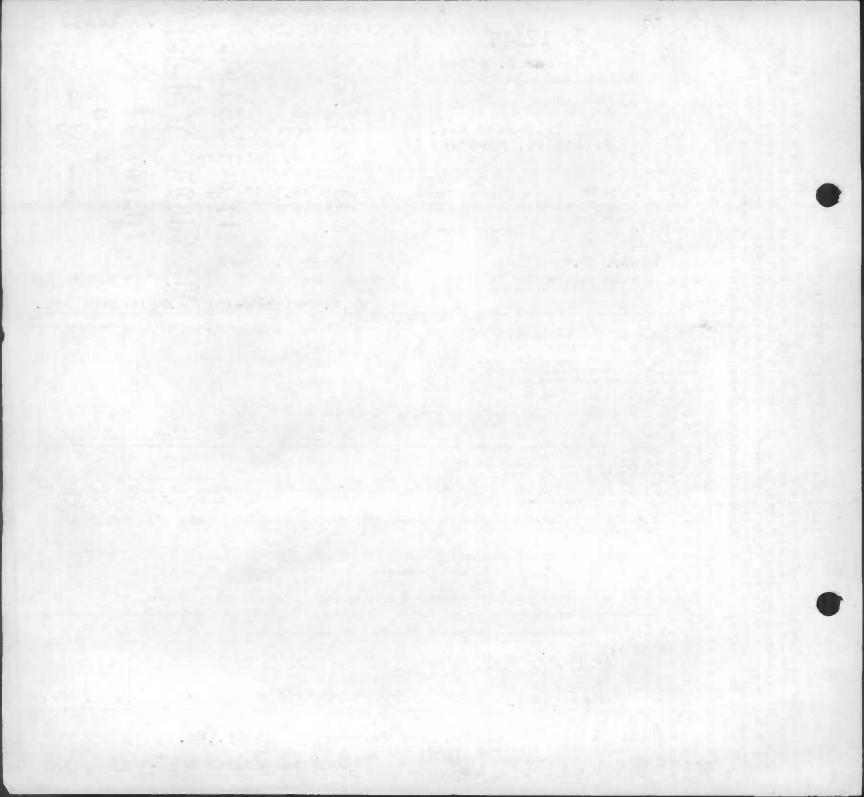
	H NO.	214		TE OF DEATH	REG. NO	\(\) \(\)
	or Print) Mc Henry, U	Nunda	4.	2. DATE A	2/10/70	415A
3. 1	LACE IN BALTIMORE, MARYLAND, WHI	WHERE PRONOUNCED DEAD		4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) A. STATE B. COUNTY		
HO	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) ASTITUTION			C. CITY OR TOWN D. INSIDE CITY LIMITS?		
	THE JOHNS HOPKIN	SPITAL	E. STREET AND NUMBER LOT NO. B	RIDGE (TE	YES NOX	
5. 5	EX 6. RACE 7.	MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
	FEMALE WHOTE	WIDOWED [DIVORCEDXX.	4-15-45	lost biulbdoyl	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 1) during most of working life, even il retired)	4 ,	1	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTR
10	HOUSEWIT-E	ATI	tom F-	W. VA.	****	U.S.A.
13. 1	WILLIAM J. MCHENRY			RUTH ROLAND PRITT		
15. \	WILL IAI' U.		1 6. SOCIAL	17. INFORMANT		R+ ADDRESS
Yes	,no or unknown) (If yes, give wor or dotes	of service)	SECURITY NO.		BOX 271	
-	/VO		CAUSE OF DEAT	Wer. MCHENRY	ElKRIO	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECT	CTLY		is Urunia		BETWEEN ONSET AND DEATH
	(This does not mean the mode of d		(A) IMMEDIATE CAL	A CONSEQUENCE OF:		3 mos
	hearl failure, osthenio, etc. Il meons the disease, injury or complication which coused death.)					
	ANTECEDENT CAUSES (B) Audidly Progress, ve Glomerulonephritis 3 mos DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS A CONSEQUENCE OF:					
	DISEASES OR CONDITIONS, if an rise to the above cause (A) s		DUE NO, OR AS	A CONSEQUENCE OF:		
Z	UNDERLYING CONDITION last.		(C)	000000000000000000000000000000000000000	· · · · · · · · · · · · · · · · · · ·	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
TIFIC	MAS PERFO	RMED	WHICH OPERATION	20 A. AUTOPSY? (Yes ar YE		FINDINGS CONSIDERED AUSES OF DEATH?
CERTI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	odenal 21 B.	PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Boltimo	ore City, give exact location)
CAL	DEATH (notify medical examiner)	hom etc.)	e, form, factory, street, a	ffice bldg., INJURY OCCUR?		
03	21 D. TIME (Month) (Day) (Year) OF INJURY		INJURY OCCURRED	21 F. HOW DID IN	NJURY OCCUR?	
Z	(APPROX.)	Whi	rk Not Whi			
	22. 1 certify that (1) (this hospital) attended the deceased fram NOV 16 1970 to DEC 10 1970					
	that (1) we) lost sow the deceosed olive on Dec 10 19 70 and that in (nw) (our) aplaian death accurred on the dot					
	ond hour and fram the causes stated above.(1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE /					
	Hawke T M.	000		ending Med.	Staff	Day 10 1970
	23G-PHYSICIAN'S [23D. ADDRESS					
	Stephen T. Miller MD DEGREE Johns Hopkins Hospital					
24A	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)					
-	Burial 12-4-70	1 -		Phend E	MILET City	mel.
25A		SB- NAME-O	OF REGISTRAR	25C. PUNERAL DIRECT	OK	ADDRESS
) F	150-REV. 1/1/6B		Service Constitution	2 Hy who The- 5	Chack	Ellustica mid.

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death occurred in a hospital and or contributing cause of death	Indetermined cause; (5) Deceased as in regular attendance on the	deceased prior to death. Such sition is made.	
nis certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and ne body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	nows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased as D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	eceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such ritten approval must be obtained before the remains are embalmed or final disposition is made.	
is certificate must be approved by e body was released to the hospit	ows: (1) An accident of any nature as D.O.A. at a hospital (except wh	ceased prior to death); and (6) N	

	0	BALTIMORE CITY	HEALTH DEPARTMENT	50 404 SE			
I	V-250 70 1	24 E CERTIFICA	TE OF DEATH REG. NO.	70 12145			
	BIRTH NO. 70 1.	<149	2. DATE AND HOUR OF DEATH				
	(Type or Print) Ann	E. Picon	12 - 12 [4. USUAL RESIDENCE (Where deceased lived, II in	·70 6 A.M.			
	3. PLACE IN BALTIMORE, MARYLAND, WI	HERE PRONOUNCED DEAD	4. USUAL RESTDENCE (Where deceased lived, It in A. STATE B. COUNTY	stitution: residence before admission)			
	FULL NAME OF (IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	Md.	27-88			
	HOSPITAL OR ADDRESS OR LOCA INSTITUTION 2610 Rol	vedere Ave.	Baltimore D. INSI	DE CITY LIMITS?			
		e, Maryland	E. STREET AND NUMBER	YES NO NO			
		o g alms y amin	3610 W. Belvedere Av	re.			
-11		7- MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lipst birthdgy)	If Under 3 Yr. It Under 24 Hrs.			
- 11	Female White	WIDOWED DIVORCED	March 10,1907 70 63				
	10A. USUAL OCCUPATION (Give kind of work done during most of working lite, even it retired)			12, CITIZEN OF WHAT COUNTRY?			
	Bar Maid	Derby Bar	Md.	USA			
	13. FATHER'S NAME Edward B. Ward		14. MOTHER'S MAIDEN NAME				
			Mary F. Kraft	2220000			
	15. Was Deceased Ever in U. S. Armed Ford (Yes, no or unknown) (If yes, give wor or dates	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
IJ	No	CAUCE OF DEAT	Wm.A.Bratcher-3610 W.E	Belvedere Ave.			
	DISEASE OR CONDITION DIR	CAUSE OF DEATH		BETWEEN ONSET AND DEATH			
li	LEADING TO DEATH	(A) IMMEDIATE CAU	ISE CVA				
	(This does not moon the mode of heart failure, asthenia, etc. It means	dying, e.g., DUE TO, OR AS	A CONSEQUENCE OF:				
	injury or complication which coused	deoth.)					
	ANTECEDENT CAUSES	(B)	Mkno Selevou				
	rise to the above couse (A)	sloting The	A CONSEQUENCE OF: D'ah he hell ture				
	UNDERLYING CONDITION last.	(C)	Down to the the				
	OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING		the state of			
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	HE TERMINAL					
	19A. DATE OF OPERATION 19B. CONI	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?			
	WAS PERF	218. PLACE OF INJURY (e.g., i	in or obout 21 C. WHERE DID //I in Boltimor	e City, give exact location)			
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	ffice bldg., INJURY OCCUR?	City, give exoct location,			
	O 21 D. TIME (Month) (Day) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
	OF INJURY (APPROX.)	While At Not While Work At Work					
	22. I certify that (1) (this hospital) attended the deceased from Jahr, 19 19 66 to Dec. 12 19 70,						
	that (I) (we) lost sow the decease		7 19 70 ond that in (my) (our) opi				
		ted obove. (1) (We) (did) (did nat) v					
	23A. SIGNATURE	3 01 1		23B. DATE SIGNED			
	Ola than (Med. Staff Phys.	12/12/70			
	23C. PHYSICIAN'S NAME (Type)	1 5 115 5 1 15	23D. ADDRESS	0 1			
	NATHOI	N E. NEEDLE	6506- Park Has Bre	Dalto H 21218			
	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRI		ity, town, or county) (State)			
	Burial 12/15/7	70 Loudon Park Co	emetery Balto., Md.	ADDRESS			
	25A. DATE REC'D BY HEALTH DEPT.	25B, NAME OF REGISTRAR	2 Donovan Funeral Home	ADDRESS			
1	ULLIO WITH USSERES	Wanter R. A. A.		- Joro Morand Ave			



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10 E	of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased tal (except where the physician who pronounced death was in regular attendance on the ith); and (6) No physician was in regular attendance on the deceased prior to death. Such the obtained before the remains are embalmed or final disposition is made.
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 70 12146 CERTIFICATE OF DEATH REG. NO. 70 12146
1. NAME OF DECEASED TYPE OF PRINT KATHERINE By KNOVENA 2. DATE AND HOUR OF DEATH DECEMBER (1, 1920 7:10 A. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION CHURCH HOME AND ADDRESS OF LOCATION E. STREET AND NUMBER 936 PARTIMORE (Where deceosed lived, II institution: residence belase admission) C. CITY OR TOWN PARTIMORE YES NO 37
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 2 6 1 osl birthdoy) 6 Months; Days Hours Min. WIDOWED DIVORCED 0 2 6 1 osl birthdoy) 6
10A. USUAL OCCUPATION Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or larging country) HOUSE 112. CITIZEN OF WHAT COUNTRY LOS A.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 20.000
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give wer or doles of service) 215-24-7075 Security No. 215-24-7075 Security No.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH IThis does not mean the made of dying, e.g., heart laiture, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving fise to the above cause IA) stoling the UNDERLYING CONDITION lost. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH LETTWEEN ONSET AND DEATH (A) IMMEDIATE CAUSE TO LOCAL STATEMENT OF S
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yos. or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, larm, foctory, street, affice bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work
22. I certify that (I) (this hospital) attended the deceased from 19 70 to 19 70 that (I) (we) lost saw the deceased alive on 19 70 and that in (my) (aur) opinion death accurred an the date
ond hour and from the causes stated obove. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23A. SIGNATURE Phys. Phys. Phys. 23B. DATE SIGNED 23C. PHISICIAN'S NAME (Type) A. MENDORA MD 23D. ADDRESS NAME (Type)
24A. BURIAL CREMATION, 24B. DATE PREMOVAL (Specify) 12-14-70 12
DEC 15 1970 P. R. G. B. Ja Ben R. 2 2 July J. Ches Aca Aug.

Burgal 18-14-70 Holy Roberts Gully Parthaun Micoyla

FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 70 12147 CERTIFICATE OF DEATH Such death Deceased I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) no hospital eath. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
R. COUNTY attendance (2) COUSE FULL NAME OF HOSPITAL OR INSTITUTION IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! D C. CIDOOR TOWN canse; 0 D. INSIDE CITY LIMITS? NO prior contributing occurred etermined made in regular 5. SEX 9. AGE (In year If Under 1 Y. Months! Doys deceased If Under 24 His. Hours lost birthday WIDOWED DIVORCED JOA. USUAL OCCUPATION (Give kind of work 108, KIND 12. CITIZEN OF WHAT COUNTRY? Isposition done during most of working life, even if retiged) 2021 ded grue Und 0 Was 13. FATHER'S NAME the direct 14. MOTHER'S MAIDEN NAME (4) HOME assistant eath U O O kind; 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL ADDRESS (Yes, no or unknown! (If yes, give was or dotes of service) or fina SECURITY NO. attendance run hallon mis 1/4 0 any pronounced 18. CAUSE OF DEATH APPROXIMATEUNTAVAL BETWEEN ONSET AND GEATH DISEASE OR CONDITION DIRECTLY of mbalmed LEADING TO DEATH (A) IMMEDIATE CAUSE (3) A fracture (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: regular injury or complication which caused death.) ANTECEDENT CAUSES ARTERIOSCLEROTIC C. V. D. who 0 are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the = physician UNDERLYING CONDITION lost mains Was Body burns; H CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING MYOCAEDIAL ISCHEMIA, UPINARY TRACT cian 4 TO THE DEATH BUT NOT RELATED TO THE TERMINAL the DISEASE OR CONDITION GIVEN IN PART I (A). 198. CONDITION FOR WHICH OPERATION the 19A. DATE OF OPERATION 20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the body was released to the hospital by a physi WAS PERFORMED fore 2 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? where (If in Boltimore City, give exact facotion) °N MEDICAL bei DEATH (notify medical examined) any nature; obtained 21D. TIME 9 (Month) (Doy) (Year) (Houd 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY approved (except Not While While At (APPROX.) and Work At Work 22. I certify that (1) (this hospital) attended the deceased from Dec- 10 pe that (1) (and) last saw the deceased alive on and that in (my) (aur) opinion death accurred on the date An accident of hospital death) and haur and from the causes stated above (1) (1) (did) (did not) view the body after death. must 23A. SIGNATURE certificate must 23B. DATE, SIGNED 10 Attending [Med. Stoff pproval at a 23C. PHYSICIAN'S prior 23D. ADDRESS NAME (Typel D.O.A. deceased written ap 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) (Stote) Was 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR! ADDRESS

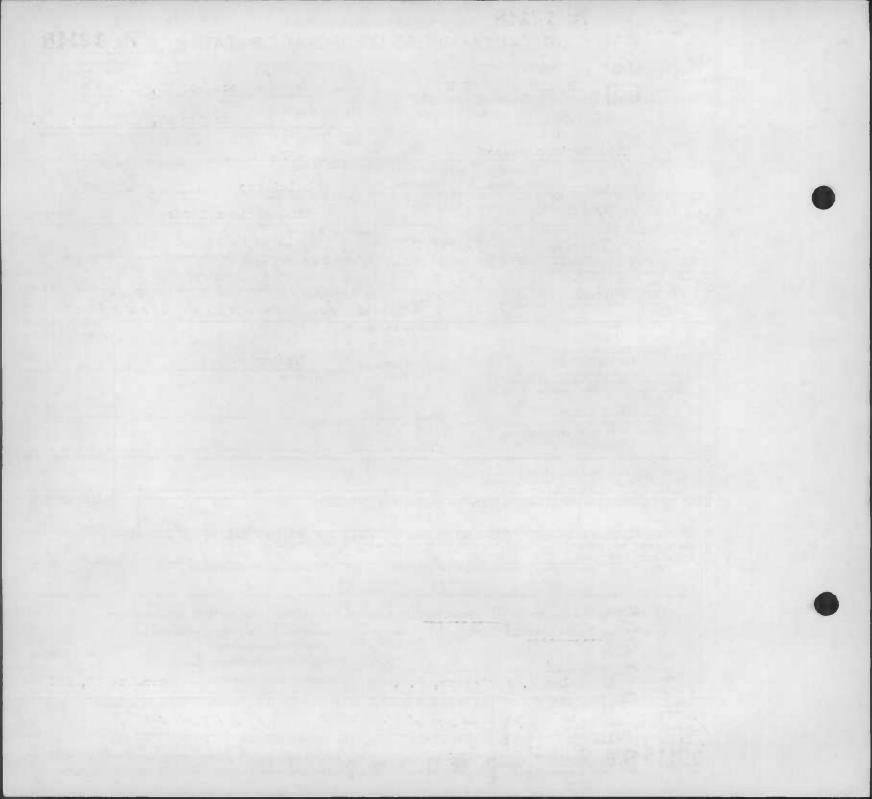
25C. FUNERAL DIRECTOR

ADDRESS

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

258, NAME OF REGISTRAR



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11 / *~ / / / / / / / / / / / / / / / / /	Y HEALTH DEPARTMENT A TE OF DEATH REG. NO.	70 12149
BIRTH NO.	ATE OF DEATH REG. NO	
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
Lewis, Georgia AKA Georgia Drumwr	right. 12/10/70	1 3:00 Day
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If in:	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland	16-03
Provident Hospital		DE CITY LIMITS?
1514 Divison Street	Baltimore	YES NO
	E. STREET AND NUMBER	
Baltimore, Maryland 21217	1702 Mosher Street	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years last birthday) 1/4/28 42	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	1/4/28 42	
done during most of working life, even il retired)	111. DIRECTLACE (Store of loreign country)	12. CITIZEN OF WHAT COUNTRY?
	N. C.	U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Quico Coloy	NANCY CHOEKS	
15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) (III yes, give wor or doles of service) SECURITY NO.	17. INFORMANT	ADDRESS
3.00.111 110.	Mr. Raymond C. Lewis-Husba	and Same 728-229
18. 5 7 / D CAUSE OF DEAT		APPROXIMATE INTERVAL
injury or complication which caused death.) ANTECEDENT CAUSES	USE Plegling Esophages / a A CONSEQUENCE OF:	ices 2 days
DISEASES OR CONDITIONS, if any, giving DUF TO, OR AS	A CONSEQUENCE OF	
rise to the above cause (A) stating the UNDERLYING CONDITION tast.	l hypethysin	unhum
	All Y	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		***************************************
198. DATE OF OPERATION WAS PERFORMED WHICH OPERATION	NO 20A- AUTOPSY? (Yes or No.) 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH Inalify medical examined	in or obout 21 C. WHERE DID (II in Boltimore liftice bidg., INJURY OCCUR?	City, give exoct location)
21D. TIME (Month) (Doy) (Yearl (Haud) 21E. INJURY OCCURRED While At The Not While	21F. HOW DID INJURY OCCUR?	-
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		2/70
22. I certify that (I) (this hospital) attended the deceased from 11 that (I) (we) last saw the deceased alive an	/15/70 19 ta 12/1(
and haur and fram the causes stated above. (1) (We) (did) (did not) v		an asam decoiled du lue date
23A. SIGNATURE		23B, DATE SIGNED
He. an M. J. DEGREE Phys	ending Med. Stoff Med. Director Phys.	Dec. 11, 1970
23C. PHYSICIAN'S NAME (Typo) ALL CURA C. TAN M.D.	151/ Divisor Street Beltime	Md

24A. BURIAL CREMATION, 24B, DATE CEMETERY OF 24D. LOCATION (City, town, (Stole) DEC 15 1970 (2 25B. NAME 25C. FUNERAL DIRECTOR DEPT. ADDRESS VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	// 2/3 70 12150 BIRTH NO.		TE OF DEATH	REG. NO	70 12150	
	1. NAME OF DECEASED (Type or Print) MC FADDEN,	JAMES. A.	12	1. 13.70	15 50 PN	
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PROI FULL NAME OF (IF NOT IN HOSPITAL OR INS HOSPITAL OR ADDRESS OR LOCATION)		A. STATE B. COUN	re deceased lived. II ins	stitution: residence before admission)	
	NORTH CHARLES GE	N. HOCPITAL	BALTO.	2/2/7 D. INSIE	YES NO	
age.	5- SEX 6- RACE 7- MARRIE	ED NEVER MARRIED	1814 N. FU.	9. AGE (In years	If Under 1 Ye , If Under 24 Hrs.	
II IS III	WIDOW 10A. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if refired)		2.23/5	gn country)	Months Doys Hours Min.	
OSILIO	FREIGHT HANDLER W. M.	D. Rail RORD.	VITAINIA 14. MOTHER'S MAIDEN NAM	ME	United States	
200	James Me Fadden 15. Was Decased Ever in U. S. Armed Forces? (Yes, no or unknown) [ili yos, give wor or doles of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1/	ADDRESS	
	18.4/0,91	CAUSE OF DEATH	J. Postili	flerity	APPROXIMATE INTERVAL	
3	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not moon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,					
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:					
	ise to the obove cause (A) stoling the UNDERLYING CONDITION lost. (c) UPONTRY INSUFFICIENCY.					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).				************************************	
	198. CONDITION FOR WAS PERFORMED		20A. AUTOPSY? (Yes or No)	20B, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?	
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	18 PLACE OF INJURY (e.g., ir ome, form, foctory, street, old Ica)			City, give exact location)	
	(APPROX.)	Nhile At Not While At Work				
	22. I certify that (i) (this hospital) attended the deceased from 19 to 19 to 19 to 19 that that (i) (we) lost saw the deceased olive on 19 on and that in (my) (our) apinion death occurred an the date					
	and hour and from the couses stated abave. (1) (We) (did) (did nat) view the body ofter death. 23A. SIGNATURE Attending Med. Director Phys. 17 (3)					
	230 PHYSICIAN'S NAME (Typo) STEPHEN PAPASTEPHANON, DEGREE NING CHUNCH GUY. FORENOL					
	BURIAU 12/17/70 1	MA RUBU	MATORY 24D. LO 2 / B 25C. EUNERAL DIRECTOR	CATION (City	town, or county) (Stoto)	
	258, NAME REC'D BY HEALTH DEPT. 258, NAME DEC 15 1970 Page 2 36.68 VS 150-REV. 1/1/68	Hongu 63	In gilmon St			

BI)-52 RIH NO.	5	70 1 MED	215 ICAL		ALTIMORE CITY HE			DEA	TH REG	g. NO	70	12151
1	NAME OF DE		ALTER	n.JOH	SON,	SR.	2. DATE OF DEATH	Known X Estimated	Month	ember	13.	Year 1970	Hour
FU	PLACE IN BA	(IF NOT		L OR INS		CED DEAD	3. DATE PRON	OUNCED DEAD	Month	ember	13,		4:45 A. M
	RINSTITUTION	Univer	sity H	~		(DOA)	A. STATE	Maryland	re deceose	B. CO	UNTY	1.	5-12
6.	Male	7. RACE Neg	ro	8. MARR		DIVORCED .	C. CITY O	Baltimore		D. IN		Y LIMITS?	NO 🗆
	DATE OF BIRT		10. AGE (Ir lost birthda	yeors	If Under	Doys Hours Min.	E. STREE	3624 Park	Heig	ghts A			140
11.	BIRTHPLACE(WH	ZEN OF AT COUNTRY?	7RA	er's NAME		/			
do	peduring most of	working life, ever	en if refired)	StE	eL	MI /L	JANI	VIE DW					
	WAS DECEAS es, no or unknown IV O)	SOCIAL SECURITY NO. 14_16_9876 CAUSE OF DEA		E Johnso	N-36	24 P		H91	S AU Z
	(This does theart follure	SE OR CONDI LEADING TO not meen the a, asthenio, etc. mplication whice	DEATH mode of dy	Ing, e.g.,		(A)IMMEDIATE	AUSE	S (Primary	site	leterm	ined)		WEEN ONSET AND DEAT
20	DISEASES RISE TO TH UNDERLYI	NTECEDENT OR CONDITION IE ABOVE CAL NG CONDITI	ONS, IF ANY	, GIVING IING THE		(B) DUE TO, OR	AS A CON	SEQUENCE OF:					
FICATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No.												
CERT				NOMION		HICH OPERATION W							NO NO
AEDICA	UNDERLYING C	RNAL CAUSE GOR CON AUSE OF DEA	TRIB- TH.		home, fa	CE OF INJURY(e.g., irm, loctory, street, ollic	In or obou e bldg., etc.	INJURY OCCUR?			give exac	t location)	
	22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK												
		tify that I ha			-	Audent Suicio		ond that on Homicide CHIEF MEDICAL SISTANT MEDICAL	Undete EXAMIN	ermined m	-	7	DATE SIGNED

ASSOCIATE MEDICAL EXAMINER

24D. LOCATION

December 13, 1970

(City, town, or county)

SIGNATURE____

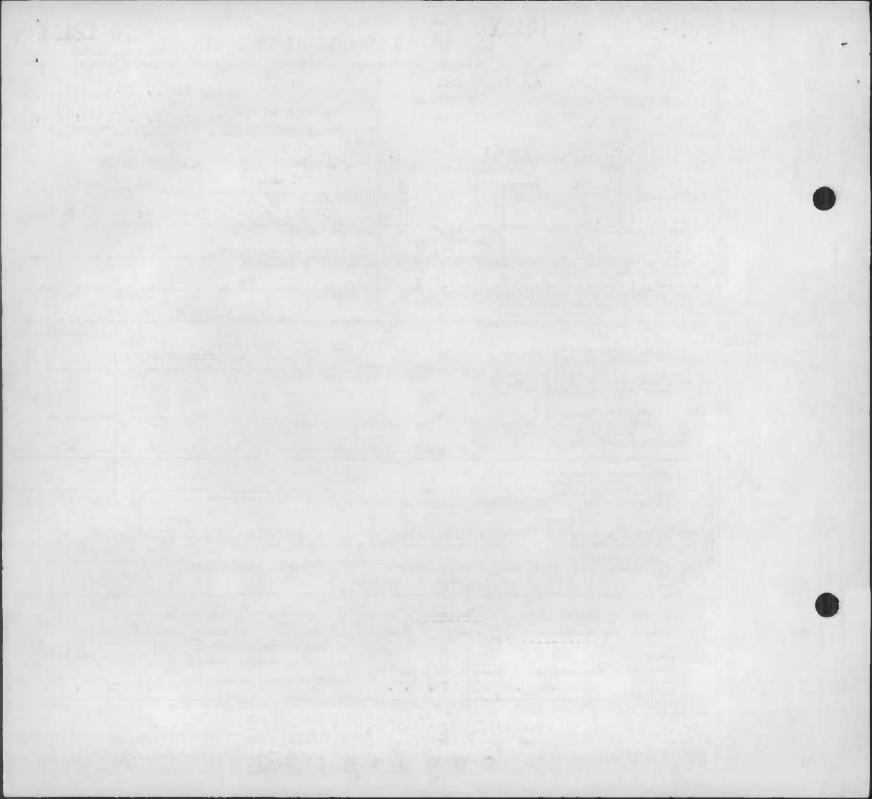
Charles S. Springate, M.D.

258. NAME OF REGISTRAR

24C. NAME of CEMETERY OF CREMATORY

EXAMINER'S

NAME (Type) 24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify)



FUNERAL DIRECTOR: IMPORTANT

70 12152 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH pital and of death etermined cause; (5) Deceased Such th I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) ПО a hospital ath. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before A. STATE

B. COUNTY ance B. COUNTY contributing cause 90 Baltimore FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN attend 10 D. INSIDE CITY LIMITS BALTIMORE Middle YES L NOTO prior e. STREET, AND NUMBER occurred regular Ö 5. SEX 6. RACE 7. MARRIED 9. AGE (In yours ma NEVER MARRIED 8. DATE OF It Under 1 Y& deceased If Under 24 Hrs. Hours WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition death __ done during most of working tife, even if retired) lontgomery 10 (4) Und Was the 13. FATHER'S NAME direct 14. MOTHER'S MAIDEN NAME assistant eath 00 7 kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (If yes, give wor or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS final SECURITY NO. attendance 21220 Ö 5-14-4853 Mr. Irvin Kettler. 224 Bowley hoad Quarters any pronounced 0 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embaimed fracture of LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, asthenio, etc. It means the disease, examiner. regular injury or complication which coused death.) ANTECEDENT CAUSES Who (B) DUE TO, OR are 4 DISEASES OR CONDITIONS, if any, AS A CONSEQUENCE OF: 3 rise to the above cause (A) E physician the remains UNDERLYING CONDITION lost chief medical WOS medical burns; H CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ((A). any nature; (2) Body the 19A DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No! 208 IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 8 before where OR CONTRIBUTING CAUSE OF 216. PLACE OF INJURY (e.g., in or about 21 C, WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) to the hospital MEDICAL DEATH (notify medical examined) by obtained (Doy) (Yeorl (Houd 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While (APPROX.) and Work 22. I certify that (1) (this haspital) attended the deceased from eq that (i) (we) last saw the deceased alive on and that in (my) (our) opinion death accurred on the date eath) An accident of hospital he body was released and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 238, DATE SIGNED Ď Attending 10 Shaff written approval Phys. Director 0 23 C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS o D.O.A. shows: (1) 24A. BURIAL CREMATION, 248. DATE deceased 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stotel Baltimore. Maryland Was 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Edmondson Ave., 150-REV. 1/1/68

KETT DER EVENIN IN HERE IS TO ALL SCALL BUTTINGKE CENT Levis Tredram and the second second second

hospital death. attendance (5) cause cause; 0 0 = prior contributing occurred (4) Undetermined is made. in regular eceased death disposition 10 U Was the direct assistant death 0 kind; final attendance any unced 10 Also, embalmed of prono fracture examiner xaminer. regular who are 4 3 physician remains by the chief medical Was burns; physician Body the the 0 before by 3 ere to the hospital S. any nature; X A obtained

(9)

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prior

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D.O.A. shows: (1)

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This certificate must be the body was released

and

death

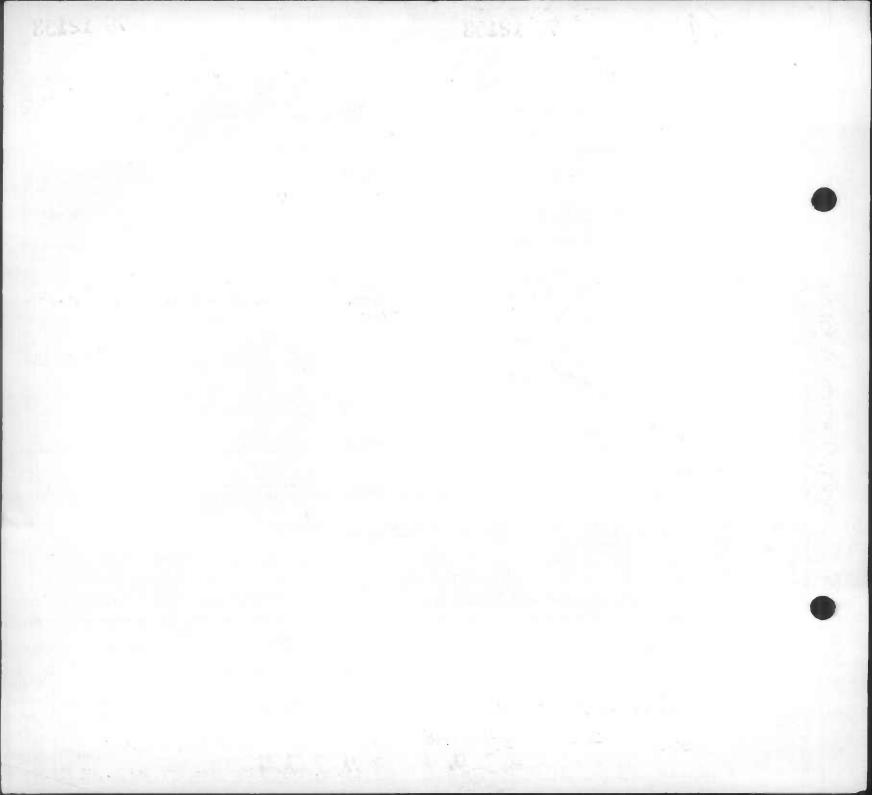
of

Deceased

ПО

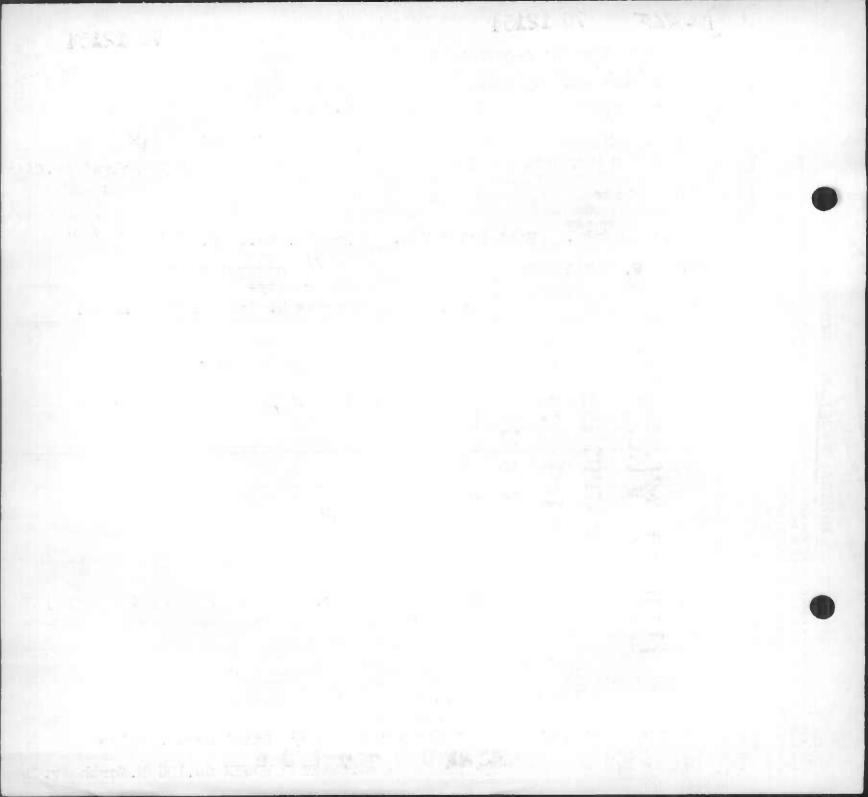
Such

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. ERTIFICATE OF DEATH I. NAME OF DECEASED 2, DATE AND HOUR OF DEATH (Type or Print) John Henry 3. FLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE I Where deceased lived. If institution: residence before admission)
A. STATE
8. COUNTY FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? NO X YES STREET AND NUMBER S. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years last birthday) 7. MARRIED If Under 1 Yr. NEVER MARRIED If Under 24 Hrs. WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLA CE ISlate or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) USA 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME 15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Emma Lyburn, 602 Southmont Rd., Balto., Md. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, asthenio, etc. Il means the disease, injury ar camplication which caused deoth.) we Mas Fai ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF rise to the abave cause IA) stating the UNDERLYING CONDITION last OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ICATION DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No!) 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Baltimore City, give exact lacation) MEDICAL DEATH (notify medical examined etc 210. TIME (Month) |Ooy) (Yeorl (Houd 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At [APPROX.] Work At Work wee. 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive on. and that in (my) (our) apinion death accurred on the date and hour and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A, SIGNATUR 238, DATE SIGNED Attending Med. Shuff Phys. Director 23C. PHYSICIAN'S NAME (Typel 23D. ADDRESS 24A. BURIAL CREMATION, 24B DATE 24C. NAME of CEMETERY OF CREMATORY 240. LOCATION 1City, town, or county) REMOVAL ISpecifyl roudon Park Cemeter 25 A DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C, FUNERAL DIRECTOR *Edmondson Av., Balto., Md 21228 VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

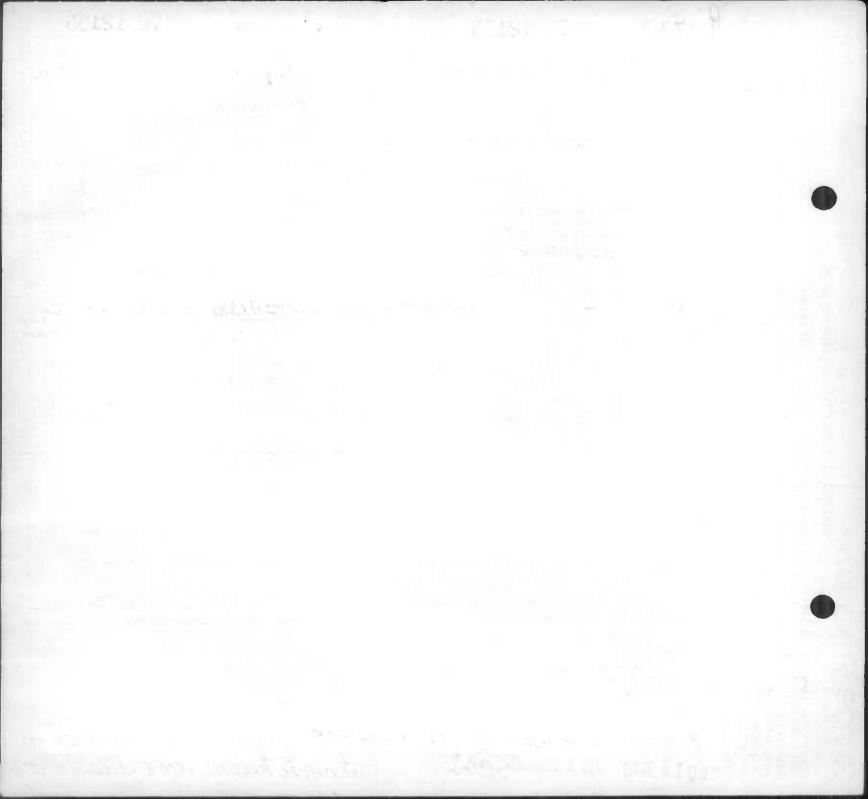
1 - 265 70 121		HEALTH DEPARTMEN		
BIRTH NO.	CERTIFICA	TE OF DEAT	H REG. NO.	12154
1. NAME OF DECEASED GONZALO del	CORDOVA deGARM	ENDIA 2. DAT	E AND HOUR OF DEATH	0.15
3. PLACE IN BALTIMORE, MARYLAND, WHERE P		4. USUAL RESIDENCE	Where deceased lived If instituti	ont residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR ! HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	NSTITUTION, GIVE STREET	Md. Marylo	uwl	13-07
	1-41:121	C. CITY OF TOWN	D. INSIDE C	IN NO [
000000	Tospata	E. STREET AND NUMB	ER / A	
UNION MEMORIAL I			and the, 3838	Roland Av. Cit
Male White WIDO	RIED NEVER MARRIED WED DIVORCED	04 08 86	9. AGE (In years If Mon	Under 1 Yr. If Under 24 His. nihs Doys Houis Min.
OA. USUAL OCCUPATION (Give kind of work 108, KIN one during most of working life; pym if ratired)	l- 1 ()		foreign country) 12.	CITIZEN OF WHAT COUNTRY?
Mehr col Exam. Det	t Motor Veh.	R XIXIXXXXXXXXXXXXXX	w York, N.Y.	U. J. A
FATHER'S NAME		14. MOTHER'S MAIDEN		
CARLOS G. deGARMENDIA			ORRINE BAUGHMA	N
i. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor ar doles of sen	ice) 1 6. SOCIAL	17. INFORMANT : A L	ty-	ADDRESS
Yes WWI	215-30/499	Douglas H	. Gordon, Balt	o., Md.
18. 49 7 7 1	CAUSE OF DEAT	1	15	APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH			45	BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, if ony, ginse to the obave couse (A) stoling UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERM!	(C)	A CONSEQUENCE OF:	<u>CAR</u>	***************************************
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION I WAS PERFORMED	*****************	20A. AUTOPSY? (Yes o		IGS CONSIDERED
21A ACCIDENT WAS UNDERLYING		NO	IN CERTIFYING CAUSES	OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, farm, fociory, street, off elc.)	or obout 21 C. WHERE DI	O (If In Boltimore City,	give exect location)
21D-TIME (Month) (Day) (Yearl (Houd OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While		INJURY OCCUR?	
22. I certify that (I) (this hospital) attend	Work L At Work	12 10	1970 to 131	10
that (1) (we) lost saw the deceased alive				19 70
and haur and from the causes stated above		ow the hade after the	that in (my) (aur) apinion o	searn occurred an the date
23A. SIGNATURE YMLOUT	(-) () (a.a.) (a.a. 101) (1	an the body direr ded		DATE SIGNED
Whom	Atter Phys.	ding Med.		12/10/70
23C. PHYSICIAN'S NAME (Type) JACQUES	DEGREE	3D. ADDRESS	1	ul
A. BURIAL CREMATION, 24B, DATE 24 REMOVAL (Specily) BURIAL 12/14/70	C.NAME of CEMETERY of CREA	MATORY 24E	LOCATION (City, tow	n, or county) (State)
	New Cathedral	V	Baltimore, Ma:	
DEC 15 1970 Value E. 4	C. P. S. U. O	STEWART &		ADDRESS
\$ 150-REV. 1/1/68	المعموس الم	Tallitate of	MOWEN CO.108	w. Nor ch Av. Cl



IMPORTANT FUNERAL DIRECTOR:

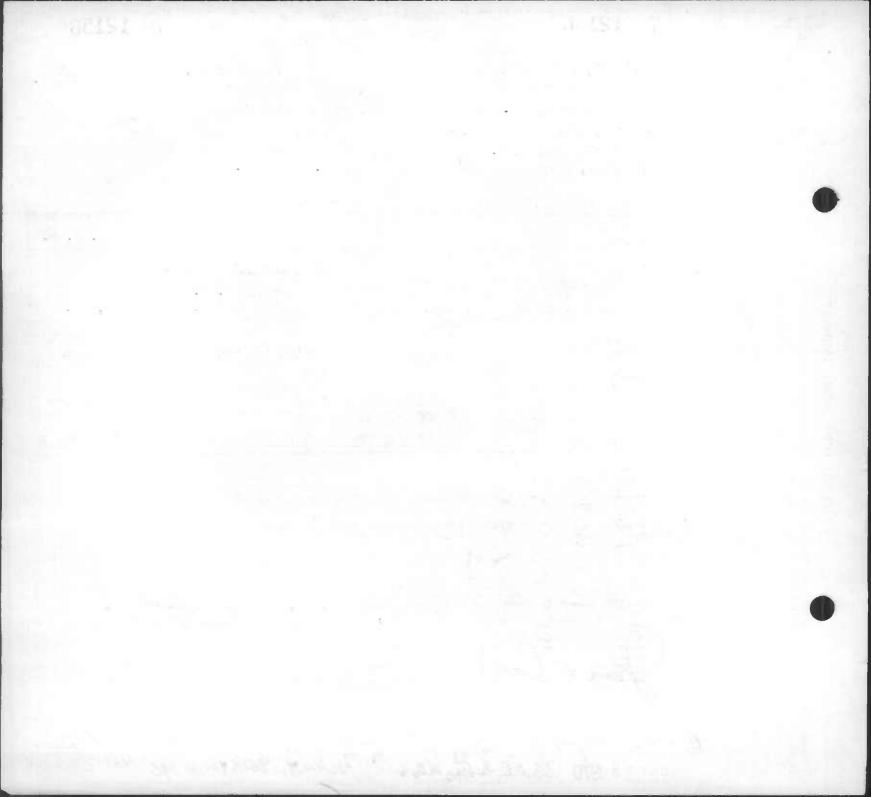
This certificate must be approved by the chief medical examiner or his assistant if death occurred in o hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular ottendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. VS 150-REV. 1/1/68

	B-432 70	12155 CERTIFICA	Y HEALTH DEPARTMENT	REG. NO.	70 12155		
	BIRTH NO.	CERTIFICA	OI DEATH	HOUR OF DEATH			
	(Typo or Print) EDWARD K	BLADZINSKI		2 · 70	1000		
	3. PLACE IN BALTIMORE, MARYLAND, V		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived If insti	lution: residence before admission)		
	FULL NAME OF (IF NOT IN HOSPIT HOSPITAL OR ADDRESS OR LOC INSTITUTION	TAL OR INSTITUTION, GIVE STREET	MAPY LA	MD	1-03 ECITY LIMITS?		
1	P. Wilson	HOME AND HISPITAL		~ -	YES NO T		
	35	74 6110 1119 11191 11191	E. STREET AND NUMBER	Flest Stra			
	5. SEX 6. RACE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9.	AGE (In years ost birthday) 68	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.		
	IOA, USUAL OCCUPATION (Give kind of worldone during most of working life, even if refired)	108 KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY		
	BARBER	BEAUTICIAN	MD		U.S.A.		
	13. FATHER'S NAME WLADYS		14. MOTHER'S MAIDEN NAM	E			
		ADZINGKI	ROSE K	CALKOWSK	c/.		
	5. Was Deceased Ever in U. S. Armed For Yes, no ar unknown! (If yes, give war or date	es of serviced SECURITY NO.	17. INFORMANT		ADDRESS		
	No -	215-01-26831	ANNA BLADZII	Y SK' 9513	FLEET CO		
	DISEASE OR CONDITION DILEADING TO DEATH IThis does not mean the mode of heart foilure, ostheria, etc. It means injury or complication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, it is a the above cause (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CO. TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PERIOR OR CONTRIBUTING CAUSE OF DEATH (notify medical exominet)	dying, e.g., the disease, I death.) ony, giving sloting the (C)	A CONSEQUENCE OF: A CONSEQUENCE OF: 20 A. AUTOPSY? (Yes or No)	208 IF YES, WERE FINI IN CERTIFYING CAUSE	DINGS CONSIDERED ES OF DEATH? City, give exact location)		
ш	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED OF INJURY (APPROX.) While At Work 22. I certify that (I) (this hospital) attended the deceased from 12.12.19 70 and that In(my) (aur) apinian death accurred an the date and hour and fram the causes stated above. (I) (We) (did) (did not) view the body after death.						
	Prabir. K. Bos	Athe	nding Med. St.	off S	12.12.70 i		
	23C. PHYSICIAN'S NAME (Type)	aconte;	23D. ADDRESS				
2	4A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CRE	Church Home	ATION ICE	lown, as county) (State)		
	BURIAL DEC 16 1	970 HOLY CROSS CE	METERY GERI	YAN HILL	ROAD BALTO MA		
	DEC 15 1970 Pascal E.	265 NAME OF THE GISTAR	THE DIPPEL BR	as INC 1800	ELOMBARD ST		



	,	-		0	1
-	7 5	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the Odeceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death);	u 20
		ital	Deced	on e	n.
		hosp	1056	dance	
		o ui F	cause	aften	
		curre	rined	ular	nade.
		th oc	etern	n reg	on is r
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	ANT	tant	nd; (4	eath .	al dis
	ORT	dssis	ıny ki	ed de	or fin
	IMP	or his	e of c	nounc	pem
	OR:	niner	ractu	pro	mpa
	RECT	exan	3) A f	who	are
	IIQ 7	adical	rns; (viciar	mains
	FUNERAL DIRECTOR: IMPORTANT	ief m	dy be	e phy	he re
	FUN	he ch	(2) Bo	ore th	fore
		d by	ture;	* whe	ed be
		prove	ny na	and (btain
		de ab	tofa	ital (st be
		must	ciden	hosp to de	al mu
		cate	An ac	r at a	prove
		certifi	(I) :s	D.O.A	written approval must be obtained before the remains are embalmed or final disposition is made.
		This	show	Was	writ

	70 12156		my .	HEALTH DEPARTMENT	REG. NO.	70	12156	
1.	RTH NO. NAME OF DECEASED		CLKIIIICA	2. DATE AND HOUR OF DEATH				
(1)	ype or Print) GINSKI, JOHN	FRANK			cember 13, 1		1	
3.	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD				residence befare admission!	
FI	ULL NAME OF (IF NOT IN HOSPIT OSPITAL OR ADDRESS OR LOCA	AL DR INSTIT	TUTION, GIVE STREET		ltimore		2-02	
IN	Veterans Admin			C. CITY OR TOWN	D. INS	IDE CITY		
	3900 Loch Raver			Baltimore E. STREET AND NUMBER		YES 🔼	NO	
	Baltimore, Mar			114 S. Wolfe				
5.	SEX 6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Und	or 1 Yr. If Under 24 Hrs. Days Hours Min.	
	Male Caucasian	WIDOWED		10-30-1897	lost birthdayl	Months	Days Hours Min.	
10	A. USUAL DCCUPATION (Give kind of work ne during most of warking life, even if refired)	10B KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CIT	ZEN OF WHAT COUNTRY?	
	Steel Worker			Poland			U. S. A.	
13.	Steel Worker			14. MOTHER'S MAIDEN N.	AME			
	John Ginski			AGAI	HA -			
15. (Ye	Was Deceased Ever in U. S. Armed Fores, na or unknown! (If yes, give war at date	ces? s of service)	1 6. SOCIAL SECURITY NO.		rds V. A. Ho	spits	ADDRESS	
	Yes 7-24-17 to 6		218-05-2708	3900 Loch Ra				
	18.		CAUSE OF DEATH				APPROXIMATE INTERVAL	
	DISEASE OF CONDITION DIRECTLY						BETWEEN ONSET AND DEATH	
	Ithis does not meen the made of dying, e.g., (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (B) IMMEDIATE CAUSE (B) IMMEDIATE CAUSE (B) IMMEDIATE CAUSE (B) IMMEDIATE CAUSE (C) IM						16 days	
	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)							
				es mellitus			14tol6 yrs	
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS			A CONSEQUENCE OF:	****************	1 4 4 5 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	THOOTO ALD	
					1170		2 + 2 2 2	
	UNDERLYING CONDITION lost (c) Congestive heart failure				2 to 3 yrs			
ATION	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	IE TERMINAL	******************					
CERTIFIC/	19A-DATE OF OPERATION 19B. CONI WAS PERF	ORMED	WHICH OPERATION	Yes	20B. IF YES, WERE	FINDINGS USES OF	CDNSIDERED DEATH?	
CAL C	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B, ham etc.	ie, form, factory, street, off	or obout 21C. WHERE DID	(If In Boltiman	e City, giv	ve exoct location]	
MEDI	21 D.TIME (Manth) (Day) (Year) OF INJURY (APPROX.)		INJURY OCCURRED Ile At Not While At Work	21F. HOW DID IN	JURY OCCUR?			
	22. I certify that (this hospital)	attended t	he deceased from Se	eptember 13.	19 70 to Dece	mber	13. 19 70	
	that (t) (we) last saw the decease	d alive an	December 13	7/()			th accurred an the date	
	and hour and from the causes state	ed abave. ((We) (did) (did met) vi	ew the bady after death.				
	23A. SIGNATURE	()	()()			23 B. DAT	TE SIGNED	
	fine F.	Cerel	DEGREE Phys.	Med. Director	Staff Phys.	12/	15/70	
	NAME (Type)			3D. ADDRESS 3900 I	och Raven Bo	uleva	ırd	
244			DEGREE	Batimo	re Maryland			
	REMOVAL (Specify) BURIAL (12/16)	10 5	T. STANT	SLAUS 24D.	DUNDALK	ty, town, o		
	DEC 15 1970 02		Raber Mar E	JOHN MW	BER +50NS 11	re "	HOAPDRESS CHESTER	
VS	150-REV. 1/1/68							



a hospital and

		BALTIMORE CITY	HEALTH DEPARTMENT	70 19155			
	70 12157	CERTIFICA	TE OF DEATH REG. NO	E TOTOK			
- 11	BIRTH'NO.		2. DATE AND HOUR OF DEATH	CON. BUCKER T.			
1	(Type or Print) Broker T. Faule	on Sr.	12/11/ 11 1	7 06 15, 925 AM.			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PROP	NO UN CAD DEAD	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission)			
Ш	ALL NAME OF (IF NOT IN HOSPITAL OR INS	TITUTION, GIVE STREET	MARCHAND BALTIMON	8-05			
	HOSPITAL OR ADDRESS OR LOCATION)			SIDE CITY LIMITS?			
	Johns Hopkins Hospital		BALTIMORE E. STREET AND NUMBER	YES L NO			
1	JOHN HOPKING HOSPILL		1651 Numal Avenue				
	5. SEX 6. RACE / 7. MAPPIN	ED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.			
	M WIDOW		11/19 105 lost birthday)	Months Doys Hours Min.			
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
	dane during most of warking life, even if retired)		North Carolinia	(1, S, A)			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
	Joseph Faulran						
	15. Was Deceded Ever in U. S. Armed Forces? (Yes, ng ar unknown) (If yes, give wor or dates of servic.	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
	(res, ind di likilowii) (ii) yes, give wor or dates or service	2/7-12-4517	Booker T. Faylcon Jr. 2	102 Southern AL			
-	18. 55 00 5710	CAUSE OF DEATH	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEATH			
	LEADING TO DEATH (This does not mean the made of dying, e.	(A) IMMEDIATE CAU	SE UDDEY Gashointahnal bleso	3 weeks			
	heart failure, asthenia, etc. It means the disea injury or complication which caused death.)	se,	A CONSEQUENCE OF:				
	ANTECEDENT CAUSES	Parathia	id homme producing hopa time, le	ralle. 5 mas			
	DISEASES OR CONDITIONS, if ony, givi	11C 2 05					
	rise to the above cause (A) stating to UNDERLYING CONDITION last.	the (c) Almholic	cirmosis and paral hypertens	sin 7 toya			
	II		19801 941718	The second secon			
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG Dindenal si	ker, pylare obstruction				
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). DISEASE OF OPERATION 198, CONDITION FO		/ / /	TINDINGS CONSIDERED			
	198. CONDITION FO WAS PERFORMED	OR WHICH OPERATION	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?			
	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in hame, farm, foctory, street, of etc.)	n or obout 27C. WHERE DID (If in Boltim fice bldg., INJURY OCCUR?	ore City, give exact lacation)			
21D. TIME (Month) (Day) (Yeot) (Hout) 21E, INJURY OCCURRED OF INJURY (APPROX.) While A1 Not While A1 Wark Not While A1 Wark							
							22. I certify that (I) (this-hespital) attended the deceased from 12/1 19 70 to 13/11 19
	that (1) (we) lost sow the deceased alive a	n 12/1/	19 70 and that in(my) (our) a	pinlan death accurred on the date			
and haur and fram the causes stated obave. (1) (We) (did not) view the body after deoth.							
	23A. SIGNATURE	Atte	nding Med. Shaff	23B, DATE SIGNED			
	Molse Halm	QV OEGREE Phys	s. Director Phys.	13/11/70			
	23C. PHYSICIAN'S NAME (Typo)		ZID. ADDRESS	R 14 171			
	24A. BURIAL CREMATION. 24B. DATE 24C	DEGREE OF CEMETERY OF CRE	MATORY 24D. LOCATION	City, tawn, ar caunty) , (State)			

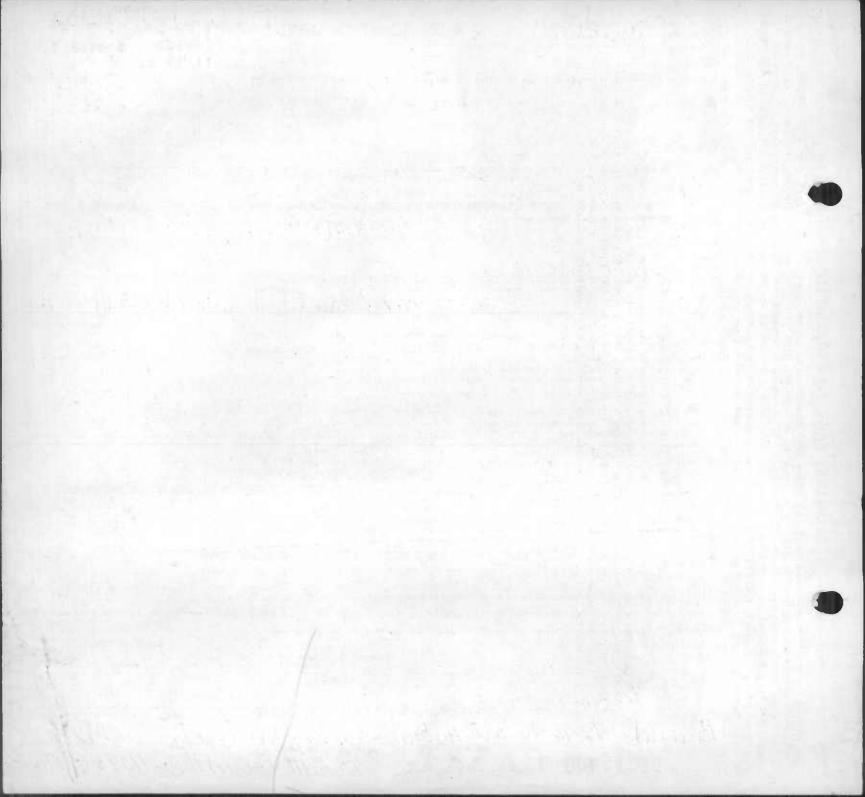
7.2-Y HEALTH DEPT. 15 10-25A. DATE REC'D BY

0 FUNERAL DIRECTOR

VS 150-REV. 1/1/6B

ADDRESS

24A. BURIAL CREMATION,

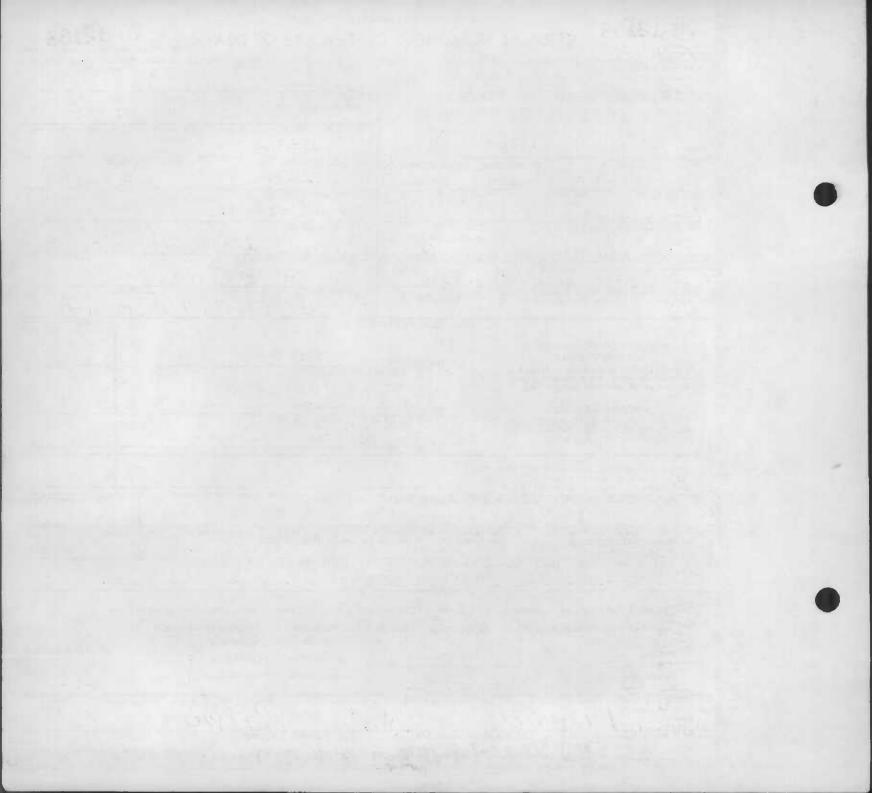


BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EN A LAIN IEDIC	CENTIFICATE	0-	DEATH	70
MEDICAL	EXAMINER'S	CERTIFICATE	OF.	DEATH	10

12158

BI	RTH NO.	REG. NO.	
	NAME OF DECEASED Pe of Print) LIAVME DOCLIETT	2. DATE Known Month Day	Year Hour
£1A	WAYNE DOSWELL	OF DEATH Estimoted	M.
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Year Haur
HC	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL ADDRESS OR LOCATION) INSTITUTION	PRONOUNCED DEAD 12 13 5. USUAL RESIDENCE (Where deceased lived. If Institution	1970 1 p M.
3	Johns Hopkins Hospital	A. STATE Maryland B. COUNTY	8-05
6.	SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CI	TY LIMITS?
	nale negro WIDOWED DIVORCED		s 🖾 NO 🗆
1	DATE OF BIRTH 10. AGE (In years 10. Under 1 Yr. 14 Under 24 Hrs. 10. AGE (In years 10. Months; Days Hours; Min. 10. AGE (In years 10. AGE)	e. Street and number 1648 Normal Ave.	
11.	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	James Doswell	Sr.
14A	USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME ROSA STOKES	
16.	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	IB. INFORMANT	DORESS
(Ye	s, no grunknown) (II yes, give wor or dotes of service) SECURITY NO.	ROSADOSWOII-1648 NO	ormal Aug.
-	19. CAUSE OF DEAT	'H	APPROXIMATE INTERVAL
	E 870/A		BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	AUGE Sepsis	
	(A)IMMEDIATE C	S A CONSEQUENCE OF:	
	heart follure, asthenio, etc. It means the disease, injury or complication which coused death.)	S A CONTEQUENCE ON	
	ANTECEDENT CAUSES (B) Dronc	nonia	
1	RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
7	UNDERLYING CONDITION LAST	ody burns and inhalation injur	У
Q			
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
RT	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED	21. AUTOPSY? (Yes or No)
S			no
A	22A- EXTERNAL CAUSE WAS [22B. PLACE OF INJURY(e.g.,	In or obout 22C. WHERE DID (II in Boltimore City, give exo	
EDIC,	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	bido, etc.) IVIURY OCCUR? 1702 Liewelyn Ave.	er rocation)
Σ	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	(APPROX.) 12-6-70 7:35 a MHILE AT WORK NOT	WHILE Subj. trapped in house	fire.
	23.		
	I certify that I held on Inquiry I Inspection X Aut	opsy and that on this basis, death in my	opinion
	resulted from: Natural pauses Accident Suicid	Homicide Undetermined monner	7
		CHIEF MEDICAL EXAMINER	
	ACTUAL The Land	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE MARKETT M.D.		
Г.	NAME (Type) Isidore Mihalakis, M.D.	ASSOCIATE MEDICAL EXAMINER	12-14-70
	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 240 LOCATION (City, town	, or county) (State)
	Removal 12-11-10	Crewe,	DDRESS .
43	A DAYS DEC'D BY MEALTH DEDY 1200 MIAMS OF DECISION		
	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	1111111	1.1.1 1 1
	258. NAME OF REGISTRAR DEC 15 1970 Robert Endanger 18.0. 151-Rev. 1/1/68	111111	1129N Carolinut

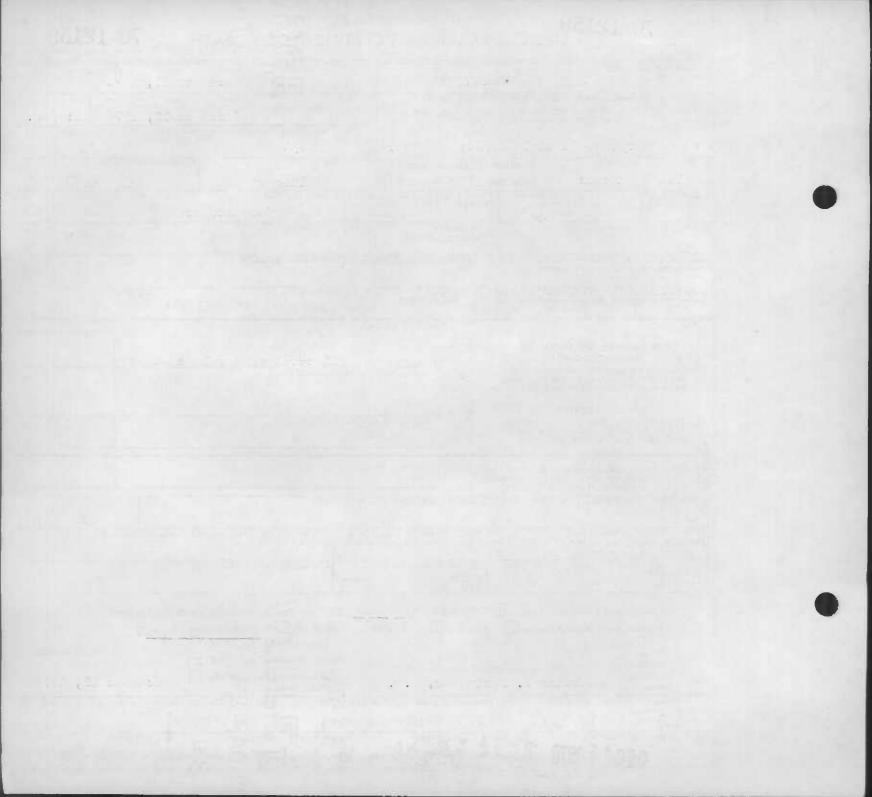


W 452

70 1 BALTIMORE CITY HEALTH DEPARTMENT

2154	PALLIMOKE CHIL	DEALIN DEPAKIMENT			
MEDICA	L EXAMINER'S	CERTIFICATE OF	DEATH PEG NO	70	12159

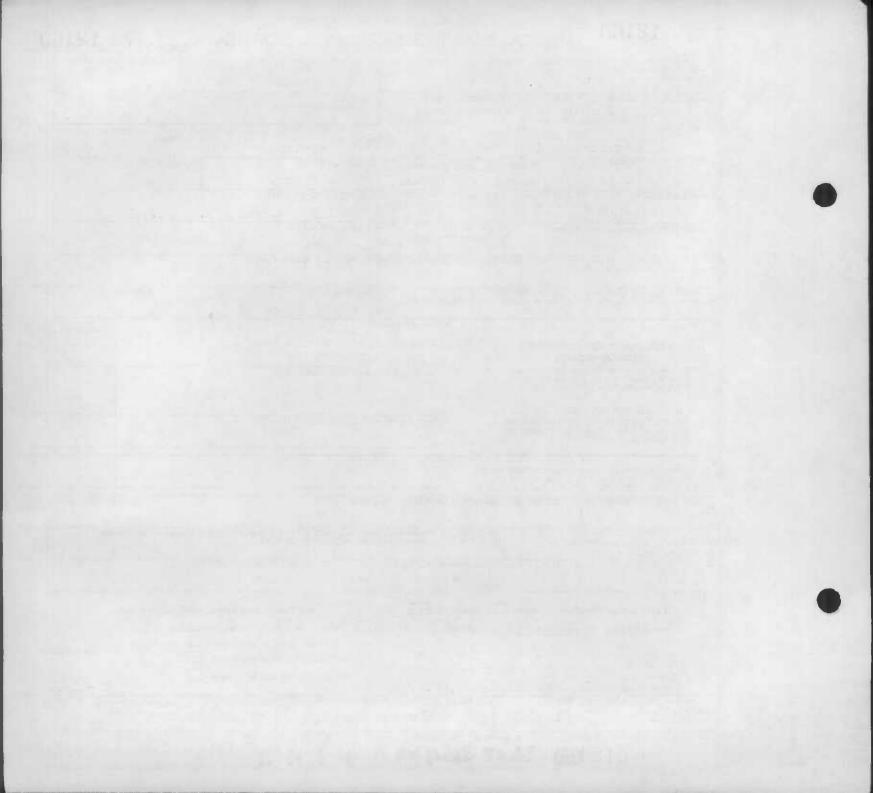
BII	RTH NO.										REG.	NO			
I. NAME OF DECEASED (Type or Print) JAMES H. WILLIAMS						2. DATE OF DEATH		wn 🔯	Month Decen	Doy nber 1	12,	Yeor 1970	Hour	44	
4.	PLACE IN BAL	TIMORE, MA	RYLAND, Y	HERE P	RONO	UNCED DEAD	3. DATE			Month	Day	,	Yeor	Hour	М.
FUI	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION							UNCED			nber 1	12,	1970	11:45	LIVI.
		ryland	Genera	al Ho	spi	tal (DOA)	A. STATE		CE (Where	deceosed l	B. COU		residence	D-0	sion)
6.	SEX	7. RACE		8. MARE	RIED	NEVER MARRIED	C. CITY O	RIOWN			D. INSI	DE CIT	Y LIMITS	1	
	Male	Negro		WIDOV	VED [DIVORCED [imore			YE:	s X	NO 🗆	
	1/3/14		10. AGE (Ir lost birthda	y)	Month	der 1 Yr. II Under 24 Hrs. is Days Hours Min.	E. STREET	456	Oxfor	d Stre	eet				
		Land			W	THAT COUNTRY?	13. FATHE								
I 4A done	USUAL OCCU during most of w	PATION (Giver orking lile, ev	ekind of work en If retired)	14B. KIND	OF B	USINESS OR INDUSTRY	15. MOTH	renc	DEN NAM	AE ATTE					
16. (Yes	WAS DECEAS , no or unknown) yes	(Il yes, pive	U.S. ARMED	FORCES	5?	17. SOCIAL SECURITY NO.	18. INFOR		Whi	tting	ton,		DRESS IME		
	19.	13/13/	10			CAUSE OF DEA	TH							UPPROXIMATE IN	ITERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart follure, asthenia, eic., it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							OFt	bdural	hema	atom		WEEN ONSET A	ND BEATH		
CERTIFICATION	TO THE DEA	IFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERM	INAL										
	20A. DATE OF	OPERATION	20B. CON	IDITION	FORV	VHICH OPERATION W	AS PERFOR!	NED					21. AUT	Yes	r No)
EDICAL	UNDERLYING		TRIB-		home,	ACE OF INJURY (e.g., farm, lactory, street, affice	in ar about bldg., etc.)	NJURY	ERE DID (I	II In Baltimo	re City, giv	ve exact	location)		
Σ	OF INJURY (APPROX.)	Month) (D	oy) (Year) (Hou	WI	E.INJURY OCCURRED. HILE AT OCCURRED. AT W	WHILE	2F. HO	W DID INJ	URY OCC	UR?				
Cortify that I held on Inquiry Inspection Autopsy and that on this basis, death in my opinion resulted fram: Natural couses Accident Suicide Homicide Undetermined manner ACTUAL SIGNATURE DATE SIGNATURE EXAMINER'S Charles S. Springeto M.D. ASSOCIATE MEDICAL EXAMINER December 13 19															
RE/	NAME (T	MATION, 2	48. DATE	70		NAME of CEMETERY				OCATION	(City,	, fown,	or counly		
BI	ırial	-	2/1//	10	I	1 Auburn C	emetr	У	B	altin	nore	M			
254	DATE REC'D	EC15	1970	258. N	AME C	REGISTRAR	25C.		LSTE		206 W	ADI	ort	n AVe	
115	1 5 1 Drive 1 40 /40														-



BALTHAODE	CITY	LICATOR	DEDAD	TARREST
BALTIMORE	CHI	REALIM	UELAK	IMENI

70 12160

MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 70 12160
I. NAME OF DECEASED (Type or Print) NOBEL F. HILL	2. DATE Known Month Doy Yeor Hnur OF DEATH Estimoted Month Doy
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 12 11 1970 8:30 a M. S. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
University Hospital	A. STATE B. COUNTY
	Maryland / 4 - 0 d
MARKIED LINEVER MARKIED	Polt:man
9 DATE OF RIGHTH IIO AGE (In years Wilnder 1 Ye II linder 24 Hes	E. STREET AND NUMBER
1902 lost birthdoy) Months, Doys, Hours, Min.	1428 Madison Ave. Apt. 17
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Boston Mass UWHAI COUNTRY?	Oscar nill
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	
done durth & Mottoff Warking life, even #relired)	2002 01100
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (Il yes, give wor or dotes of service) SECURITY NO.	Mr Duboise Hill, Same
19. CAUSE OF DEA	
LEADING TO DEATH (A)IMMEDIATE C	motic cardiovascular disease
Injury or complication which coused death.) ANTECEDENT CAUSES (B)	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
	no
UNDERLYING OR CONTRIB-	in or obout 22C. WHERE DID (II in Boltimore City, give exact location) bidg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) m. WHILE AT WORK AT W	WHILE ORK
23. 1 certify that I held on Inquiry Inspection Au	topsy and that on this basis, death in my opinion
resulted from Natural causes Accident Suicid	Homicide Undetermined monner
ACTUAL SIGNATURE Practicle AT S. M.D.	CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S NAME (Type) Isidore Mihalakis, M.D.	ASSOCIATE MEDICAL EXAMINER 12-12-70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY BURIAL (Specify) 12/14/70 MT Calvary	or CREMATORY 24D. LOCATION (City, lown, or county) (Stole) Cemetry A A County M
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR DEC 15 1970 Police E. Jabes N. 3	Adolphus, Halstead 1206 W North Ave
VS 151-REV. 1/1/48	7 17 1 14 6



		1-525	מכי י	1040	A .	BALTIMORE	CITY HE	ALTH DEPART	MENT	
2002		0 000	10	1216	1 (FRTIF	CATE	OF DE	ATH	RE
1 th		RTH NO. NAME OF DECEASED					CATE			
O B N		pe or Print)						2		ND HOUR C
F - 0 0 F	3.	PLACE IN BALTIMOR	on, Gertri	ude	101111010	D	ll a	LISTAL ASSESSED	12/9/	
at co		THE THE PROPERTY OF	S MARIEAND, Y	WHERE PROP	HOUNCED	DEAD	4. A.	USUAL RESIDE STATE	B. COUN	re deceosed
se (5)	FU	ILL NAME OF (I	F NOT IN HOSPIT	TAL OR INS	TITUTION,	GIVE STREET	r	Marylan	d	
Se;	IN						C. (ITY OR TOWN		
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_ = 0 0.2	-		1514 Divis			1017	E.	TREET AND N	UMBER	
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ontri ontri ermi regu		emale Ne	egro	WIDOW	D X C	DIVORCED		8-18-18	203	- 77
00-0-	10A	USUAL OCCUPATIO	N Give kind of wor	k 108. KIND	OF BUSINI	ESS OR INDI	USTRY 11.	BIRTHPLACE IS	lote or lore	ign country)
# - P - P 0	1100	e during most of working OUSEWIFE	life, even if refired)	170	me			Balti	more	
de de Chas	I become	FATHER'S NAME		I no	me		7.4			
## € \$ ± 6 d				L.			14.	MOTHER'S MA	IDEN NA!	ME
44 44		homas Thom						Annie	McGr	uder
ind; eath o on	15. (Ye:	Was Deceased Ever In s, no or unknown) (If yes	U. S. Armed Far	rces?	1 6. 500	CIAL URITY NO.	17. 1	NFORMANT		
THE UTT UE	N	0			300	JOKIII NO.	Mr	. Stanl	lev J	ohnso
if think had a dan or fi	-	18, 4//3	11 25		C	AUSE OF I				0111100
S		DISEASE OF	CONDITION DI	DEC'TY			/	1 -		
			NG TO DEATH	KECILI			- 4	RIFR	10.5%	EROTI
		(This does not me	an the mode of	dying, e.	7 .	A) IMMEDIAT	E CAUSE /	SEQUENCE OF	6.	1011
iner. actu pro pro ular mbal		heart lailure, asther injury or camplication	ia, elc. Il means	the diseas	e,		2015	EASE		
fra gel em			EDENT CAUSES			1	/	To	100	(
2 0		DISEASES OR CO			. ((B) DUE TO C	17-12-6	NSEQUENCE (LITU
exa (3) A n w		rise la lhe abo	ve cause (A)	any, givin	9	DOE 10, C	OR AS A CC	MSEQUENCE ()F:	
s; (3		UNDERLYING CON	DITION lost.			c)		***********		
	11_1	7-1-1	11			1				
medico burn: hysica n wa	0	OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING	3	(0	No	077	- 4	17. L
	1191	DISEASE OR CONDITI	ON GIVEN IN PAR	T I (A).			1700	7/0	~ M	/ / /
o o . u -		19A. DATE OF OPERA	TION 198 CON	DITION FOR	WHICH O	PERATION	2	A. AUTOPSY?	Yes or No	IN CERTI
	ERT	1						YES		IN CERTI
2 2 0 0	11 1	21A. ACCIDENT WA	CAUSE OF	2	B. PLACE	OF INJURY	e.g., in or o	dg., INJURY O	RE DID	(If
to he	CAL	DEATH (notify medica	exomined	el	د)	100.01/1 0.110		og., model o	CCOR:	
		21 D. TIME (Month	i) (Doy) (Year)	(Hour 21	E INJURY	OCCURRED		21F. HOW	DID INJ	URY OCCU
hos atu		OF INJURY (APPROXI			/hile At		While			
2 - 200		20 1	1.4.1.		fork L		Work			
0 + E 0 0		22. I certify that (1					11/26	70		9to
5	11 1	that (1) (we)-lost s						_19		at In (my)
		and hour and from	the causes stot	ed abave.	(1) (We) (did) (did no	ot) view t	he body after	r death.	
released accident a hospiter or to deat		23A. SIGNATURE	15	-	0					
E 6 25 6 -		NI	dan	her	2		Attending Phys.	Med.		Shaff Phys.
a da		236. PHYSICIAN'S NAME (Type)	1	1		DEGREE		DORESS	V]	rnys. oca
was re An ace A. at a prior t		NAME (Type)	. Banfiel	d		M D			C	D
y was rely y was rely (1) An acci b.A. at a h od prior to	24A				JAAAR -1 C	M. D. DE		L4 Divis		
L == 0 0 _		REMOVAL (Specily)		24C.1	AME OF	EMETERY OF	CREMATO	PRT	24D. LO	CATION
This cert the body shows: (was D.O decease		ırial	12-12-	70 M	t. Au	burn	Cemet	ery	Ba	ltimo
This the show was dece	25A	DATE REC'D BY HE	ALTH DEPT.	25B. NAME	OF REGIST		2:	C. FUNERAL D	PIRECTOR)
\$ 62 K M # H		FC15 27	1 Walson & S	Falls	228	3	2 21	UTTER	FUNE	RAT. H
	VS 1	50-REV. 1/1/68								retied 11

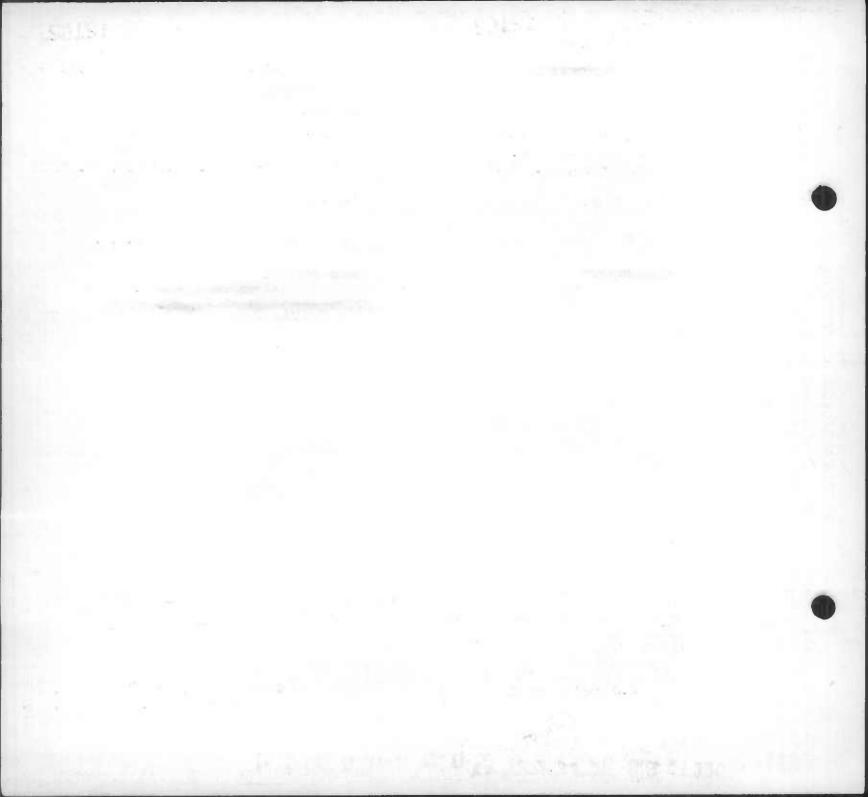
REG. NO	70 12161
AND HOUR OF DEATH	
/ 79	1 3.15
ere deceased lived. II	institution: residence before admission)
MIT	1/
D. IN	SIDE CITY LIMITS?
	YES NO
a Ave.	
9. AGE (In years lost birthdoy)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
leign country)	12 CITIZEN OF WHAT COUNTRY?
	U. S. A.
AME	10000
ruder	
	ADDRESS
Johnson 19	40 Lauretta Avenue
	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LERSIIC 1	1 KANT

Letus	

17 E.	
17. Forther	RG.
o) 208. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
IN CERTIFYING CA	USES OF DEATH?
(If In Boltimor	re City, give exoci location)
JURY OCCUR?	
12/0	178
19to_12/9	
nat in (my) (our) opi	nion deoth occurred on the date
	23B, DATE SIGNED
Shaff Phys.	Dec. 10, 1970
reet Baltim	ore, Md.
	ty, town, or county) (Stole)
ltimore	Maryland
1	
TRAL HOME	3035 W. NORTH AVE

16-18-1695 PA with the broken the state of th

	I-65	2	70	12	1.50	TY HEALTH DEPARTM			חלי	12162
В	RTH NO.				CERTIFIC	ATE OF DEA	TH	REG. NO.		renos
	NAME OF D	ECEASED				2, D	ATE AI	ND HOUR OF DEA	TH	
11	***	Marie	Noeli	e Fr	ancis		12-1	2-70	1	4:25 P
3.	PLACE IN I	ALTIMORE, N	ARYLAND, W	HERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE	CE (Whe	ere deceased lived.	If institution; res	dence before admission
FI	JLL NAME (OSPITAL OR ISTITUTION	OF (IF NO ADDI	T IN HOSPIT	AL OR IN	ISTITUTION, GIVE STREET	Maryland c, CITY OR TOWN		Ip. 1	INSIDE CITY LIM	6-06
	-11	Baltin	nore Cit	у Но	apitals	Baltimore			YES 📉	поП
	51	4940 E	Castern	Ave.	*	E. STREET AND NU	MBER			
			nore. Mo		224	925 Popla	ar G	rove St. E	Baltimore	, Md. 21216
5.	SEX	6. RACE			RIED NEVER MARRIED			9. AGE (In years lost birthday)		Yr. If Under 24 Hrs.
	Fomo	Le Neo	××0		WED DIVORCED	12-11-04		lost birthday)	Months E	oys Hours Min.
10.	A. USUAL OC	CUPATION	ive kind of work		D OF BUSINESS OR INDUST		or fore		12. CITIZE	N OF WHAT COUNTRY
do	ne during most	of working life,	even if retired)				. 01 1010	.g. coomy	12. 011120	N OF WHA! COUNTRY
	Housew			H	ome	Louisiana			U.S	.A.
13	FATHER'S N	AME				14. MOTHER'S MAID	EN NA	ME		
11	Gustar	e Dupa	arc			Emma Dau	set			
15,	Was Deceas	ed Ever in U.	S. Annod Ford	:0s?	1 6. SOCIAL	17. INFORMANT	000			DDRESS
Ш.		whill yes, giv	e wor or dote	s of sorv	SECURITY NO.	and the state				
L	NO 18. / /				CAUSE OF DEA	Mrs. Sylv	ia	Joseph 9	25 Popl	ar Grove S
MEDICAL CERTIFICATION	(This does heard failure injury ar content failure injury ar content failure injury ar content failure injury ar content failure injury (APPROX.)	LEADING nal mean fe, asthenio, amplication w ANTECEDE OR CONDITI IIIFICANT CON ATH BUT NOT CONDITION (OF OPERATION) BUTING C. (Month) (DITIONS CON RELATED TO THE BIVEN IN PART I 198. CONI WAS PERF NDERLYING AUSE OF omlned Doy) (Yeorl	dying, the dise death.) Iny, gi sloling NTRIBUTILE TERMIN 1 (A). ORMED	e.g., DUE TO, OR A ving DUE TO, OR A ving DUE TO, OR A (C) NG HAL OR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 218. INJURY OCCURRED While At Not Will Work At Work	AUSE Candio - S A CONSEQUENCE OF: 20 A. AUTOPSY? (You in or obout 21 C. WHERE office bidg., INJURY OCC 21F. HOW E	DID CUR?	(If In Bolii	RE FINDINGS C CAUSES OF DE more City, give	ONSIDERED ATH?
					ed the deceased fram			19ta	12-12	19 /0
	that (I) (w	e) last saw	the deceases	dalive	on 12-12	19 70	and th	at In (my) (our)	opinian death	accurred on the dote
	and haur a	nd from the	causes state	ed abay	e. (1) (We) (old) (did not)	view the bady after d	leath.			
	23A. SIGNA		- /	X					238, DATE	SIGNED
	A1.+	Gerem	ich	1)4	DL.	tending Med.	П	Staff P	12-12	2-70
	23C. PHYSIC	AN'S			DEGREE	23D. ADDRESS		Phys. L.U	Hoonid	als 21224
	NAME	TypeJ Je	remiah	Duwa]	uwel	Brx	/ .	timore Cit	-	
24/	BURIAL CI	REMATION, 2	48. DATE	240	DEGRE C. NAME of CEMETERY OF C				(City, town, or o	altimore, Md.
	Burial		2-16-1	1970	Carver Memor	cial Dawle	T -	11201	1.6 m ==	rrl am d
		D BY HEALTH			AE OF REGISTRAR	25C FUNERAL DI		urel	Mar	yland
n	EC15			Ja. Ba		1 1 1	1	RAT. HOME	3035 14	
VS	160 PEV 1/					THOTTELL E	OLVI	TWILL HOME	2032 M	. NORTH AV



B-424 70 121	BALTIMORE CITY	HEALTH DEPARTMENT	120 40400
BIRTH NO.	CERTIFICA	TE OF DEATH Registered No.	. 70 12163
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF, DEATH	1
(Type or Print) Hewry	slack wel	12/13/70	10:30 Am.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceosed lived. If i	institution: residence before odinission)
FULL NAME OF (If not in hospito) or instituti	on, give street	Maryland	15-37
HOSPITAL DR oddress or locotion)	Marc	C CITY OR TOWN (II outside city limits, write	RURAL and give township)
INSTITUTION Mary Land	en. Hosp.	Baltimore	
70		D. STREET ADDRESS (If rurol, give location)	2.116
		3505 You hatan Hue	
WIDO	MED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Doys Hours Min.
10A USUAL OCCUPATION (Give kind of work 10B, KINE	novviad	9/11/06 64	NO CITIZEN OS
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,	11. Biking Cace (Store of foreign country)	12. CITIZEN OF WHAT COUNTRY?
	iguess Hotel	North Carolina	U.S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Jack L. Blackwell		Bettiana ?	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of serving)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	217-05-727	Mrs. Eulah Blackwell	3505 Powhatan Ave
18.		F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
LEADING TO DEATH	(A) MOS	sive intracerebral hem	artice 11/3/20
(This does not mean the mode of dying, heart failure, astheria, etc. It means the dise			
injury or complication which caused death.)	(B) OLS-	piration preminitis	
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, if any, given rise to the above cause (A) stating			
UNDERLYING CONDITION lost.			10 00 000 000 000 000 000 000 000 000 0
- II	335L.		
OTHER SIGNIFICANT CONDITIONS CONTRIBU			
DISEASE OF CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE	FINDINGS CONSIDERED
E/11/6 \$ 11/12 WAS PERFORMED	1 /	IN CERTIFYING C.	AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID (If in Boltime	ore City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, loim, foctory, street, o	mice blag., INJURY OCCUR?	
	21 E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Not Whi		
22. I certify that (I) (this hospital) attended		11/3 19 >0 to	12/13 1920
	1-1-		
that (I) (we) last sow the deceased alive		19 O and that in (my) (our) ap	ormon dearn accurred on the date
ond haur and from the couses stated abov	e. (I) (me) (did) (did not)	view the bady offer death.	23B, DATE SIGNED
27 10 M. 10	M.D. AH	ending Med. Stoll	1
Story O. Marin	M. 13. Phy	23D. ADDRESS	12/13/20
PAYSICIAN'S NAME (Type)	100	AUDITESS	
DARY W MILLER	M.D. M.O.		
24A. BURIAL CREMATION, REMOVAL (Specily)	C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION	City, town, or county) (State)
	t. Auburn Cer	netery Baltimore	Maryland
	AE OF REGISTRAR	20 FUNERAL DIRECTOR	ADDRESS
DEC 15 1970 Valent & Van	Dear May	NUTTER FUNERAL HOME	3035 W.NORTH AVE
VS 150-REV. 1/1/65			

FUNERAL DIRECTOR: IMPORTANT

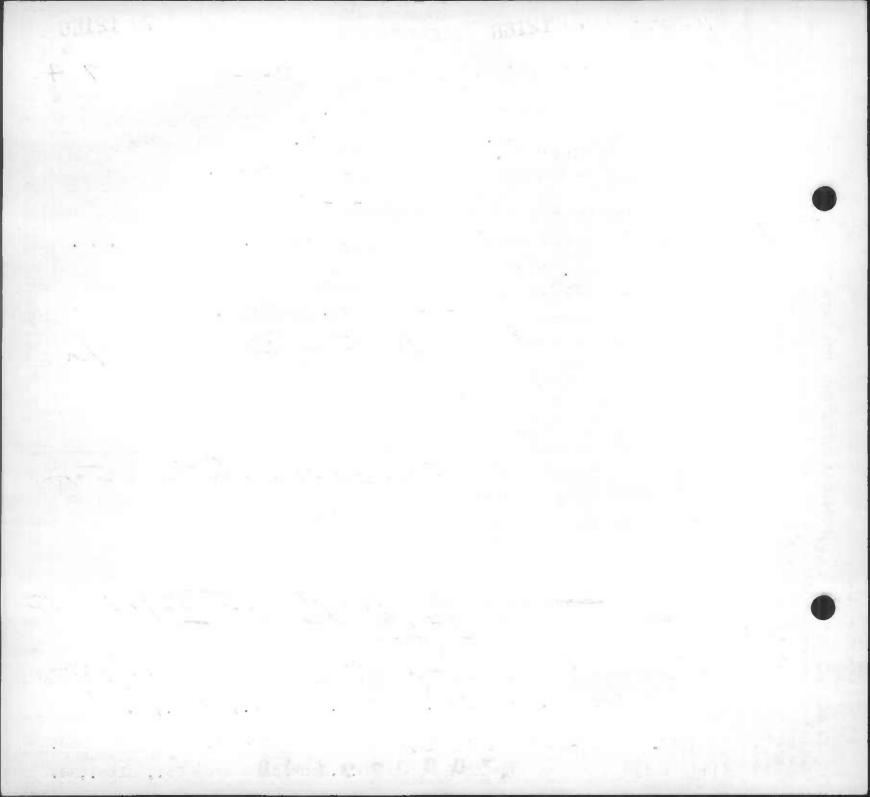
BALTIMORE CITY HEALTH DEPARTMENT 70 12164 CERTIFICATE OF DEATH REG. NO. pital and of death Deceased Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) William LO death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, It institution: residence belore admission)
A. STATE
B. COUNTY attendance etermined.cause; (5) contributing cause FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN 0 D. INSIDE CITY LIMITS? saltimos Memorial Hosp YES NO prior E. STREET AND NUMBER occurred de. regular 5. SEX 8. DATE OF 9. AGE (In years Il Under 24 Hrs. 7. MARRIED NEVER MARRIED If Under 1 Yr. Months! Days is ma the deceased last birthday WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITZEN OF WHAT COUNTRY? eath disposition = dane during most of wasking life, even if retired) (4) Und Was 13. FATHER'S NAME Ö 14. MOTHER'S MAIDEN NAME direct USTICE WILLIAM assistant THON PSON attendance on death kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 1 6. SOCIAL final ADDRESS SECURITY NO. Eustice. WWII -03-7549 any CAUSE OF DEATH pronounced 18. 4 9 APPROXIMATE INTERVAL his BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF ular hearl failure, asthenia, etc. It means the disease, examiner examiner. injury or complication which caused death.) who ANTECEDENT CAUSES 5 6 are 4 DISEASES OR CONDITIONS, il ony, giving DUE TO, OR AS A CONSEQUENCE OF (3) rise to the above cause (A) stating the = Locarde Tithe physician UNDERLYING CONDITION tost. the chief medical the remains medical burns; (6) No physician was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 0 WAS PERFORMED before (2) where 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, elect, office bldg., INJURY OCCUR? (If In Baltimare City, give exact location) to the hospital MEDICAL DEATH (notify medical exemined elc.) any nature; by obtained 21 D. TIME (Month) (Day) (Year) (Houd 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY approved (except While Not While (APPROXI and Work At Work 22. I certify that (1) (this hospital) attended the deceased from 19 70 eq that (1)/(we) last saw the deceased alive an and that in my) (aur) opinion death accurred on the date 90 a hospital death) and hour and from the causes stated above. (1) (We) ((did) (did not) view the body after death. the body was released must An accident 23A. SIGNATURE must 23B DATE SIGNED Attending | Director Med. Staff prior to written approval Phys. GEGREE 23 C. PHYSICIAN'S 23D. ADDRESS certificate 40 NAME (Type) D.O.A. 3 24A. BURIAL CREMATION. eceased 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county! (State) REMOVAL (Specily) shows: Burial 0 Prospect Hill Cemetery Towson, Md. Mas 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS u

AUS .

G-150 70 194	BALTIMORE CITY	HEALTH DEPARTMENT		MO 4040F
G-650 70 121	CERTIFICA	TE OF DEATH	REG. NO	70 12165
1. NAME OF DECEASED		DATE A	NO HOUR OF DEATH	
	LLIAM C.	12	/13/70	200.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCEO DEAD	4. USUAL RESIDENCE (Who	re deceased lived. Il is	nstitution: residence beloro admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET		ALT I MORE	27-30
	0	BALTIMORE	D. INS	SIDE CITY LIMITS?
SINAL HOSPITAL OF	USALTIMORE	E. STREET AND NUMBER		YES NO
42		3400 Gul	LEY RD.	#15
5. SEX 6. RACE 7. MARK	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Il Under 1 Yr. Il Under 24 Hrs. Months! Days Hours Min.
WIDON		12/1/05	64	THE STATE OF
done during most of working life, even if retired	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lore	eign country)	12. CITIZEN OF WHAT COUNTRY?
	ANOY MFG.	TURKEY		U.S.A.
	/	14. MOTHER'S MAIDEN NA	ME	
GEORGE GEREN	y	UNKNOWN		
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of servi	ce) 16. SOCIAL	17. INFORMANT		ADDRESS
No	218-32-5976A	CHRISTINE	GERENY	ABOVE
18. 4 / 2. 4	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	C	EREBRAL VASC	WAR OCCU	BETWEEN ONSET AND DEATH
LEADING TO DEATH	CARBANAEDIATE CAR			usions ~3 mos.
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO, OR AS A	CONSEQUENCE OF:		
injury or complication which caused death.)				
ANTECEDENT CAUSES		oscier otk Cho	roiovascula	A DZ YEARS
DISEASES OR CONDITIONS, if any, give		A CONSEQUENCE OF:		
rise to the above cause (At stating UNDERLYING CONDITION last.	(C)			
11	(~/			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG			
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL			***************************************
	OR WHICH OPERATION	20A. AUTOPSY? (Yes of No	ON 208, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
	218 PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(II In Boltimor	e City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	home, lorm, loctory, street, offi	ce bidg., INJURY OCCUR?		
O 21 D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUP?	
OF INJURY (APPROX)	While At Not While		OKI OCCOR:	
	Work At Work			
22. I certify that (1) (this haspital) attende	ed the deceased from	12 - 3 -	19 70 to	12-13-1970
that (1) (we) last saw the deceased alive of	n / X + 13	19ond th	at in (my) (aur) opi	nian death accurred on the date
and haur and from the causes stated above	. (1) (We) (dld) (did not) vi	ew the body after death.		
23A. SIGNATURE ON MAI	1 A 1 A			23B, DATE SIGNED
alberto, Menne	Aften Phys.	ding Med.	Stoff Phys.	12-14-70
23C. PHYSICIAN'S NAME (Type)	VEGREE	3D. ADDRESS	,	
JOSEPH BLUM	M.D.	Sinai Hosp	ital	
24A. BURIAL CREMATION, 124B. DATE 1240	NAME OF CEMETERY OF CREA			ly, town, or county) (State)
REMOVAL (Specily) Burial 12-17-70	Greek Orthodo			
	AE OF REGISTRAR		alto. Co.	Md.
DEC 15 1970 Q.C. 68 3. Q.	/20 () () ()	25C. FUNERAL DIRECTOR		ADDRESS
	a zaczo	/III Thalling	Se Sana Me	Rolto Ma
VS 150-REV- 1/1/68	as Alice Y	4H.W.Jenkins	& Sons Co	Balto.,Md.

COLSI UV as relial Enzel (49 Mai Marian) Attitude and The state of the s

BIRTH NO.	DEGELOTA				CATE OF DEAT			
(Type or Prin	F DECEASED			4.		TE AND HOUR OF DE		
0.014051	Hor	tense	Herber	ct Dryden	1	2-11-70 E (Where deceased lived		7
3. PLACE I	N BALTIMORE, M	ARTLAND, W	VHERE PRONO	UNCED DEAD	A. STATE B.	E (Where deceased lived COUNTY	. Il institution: re	sidenco belo
FULL NAM	E OF (IF NO	T IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Md.			12-
INSTITUTIO	N ADDR	ESS OR LOCA	ATION)		C. CITY OR TOWN	D.	INSIDE CITY LI	MITS?
A	Wyma	n Park	Apts.		Balto		YES S	NO
00	3925	Beech	Ave.		E. STREET AND NUM		A	
					3925 Be	ech Ave.		
5. SEX	6. RACE		7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	II Under Months!	Doys Hou
F		W	WIDOWED	X DIVORCED	16-17-1894	76	Months	Doys Hou
10A. USUAL	OCCUPATION (G	ive kind of work	108, KIND OF	F BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State	or loreign country)	12. CITIZ	EN OF WH
	maker	even ii teilted)	Orm.	Lomo	0	909 9		
13. FATHER			Own :	1101116	Cario.	N NAME	Ţ	J.S.A
		10 NO T	Y - nol-					
C 110			Herbert		Matilda	Bross		
Yes, no or un	eased Ever in U. known) (If yes, giv	a wor or dote	ces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
No				220-44-92	77 Mrs. Cha	rles D. Fl	2072 78	322 0
1B. /	19 11	1/25	00	CAUSE OF DE		TTOD D. II	. ABTO T(APPROXIMA
1	ISEASE OR CON	DITION DI	RECTLY	A	5/1/	1	8	ETWEEN ONS
		TO DEATH		/ \				11
1 (71) 1				/ A MANAGENTA PE A	ALICE	-		
hand f	aes nat mean t	he mode of	dying, e.g.,	(A) IMMEDIATE C	AS A CONSEQUENCE OF:	***************************************		1/0
hearl fo	aes nat mean tl iluie, asthenia, e r complication w	tc. Il means	the disease,	DUE TO OR	AS A CONSEQUENCE OF:	**********************		1/0
hearl fo	iluie, asthenia, e r complication w	tc. Il means	the disease, death.)	DUE TO, OR	AS A CONSEQUENCE OF:	***************************************		1
hearl fa	iluie, asthenia, e r complication w ANTECEDE	itc. II means which caused NT CAUSES	the disease, death.)	DUE TO, OR	AS A CONSEQUENCE OF:			
DISEAS	ANTECEDE S OR CONDITION the abave	tc. II means thich caused NT CAUSES TIONS, if cause (A)	the disease, death.)	DUE TO, OR	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:			
DISEAS	ilure, asthenia, e r complication w ANTECEDER ES OR CONDI	tc. II means thich caused NT CAUSES TIONS, if cause (A)	the disease, death.)	DUE TO, OR	AS A CONSEQUENCE OF:			
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DISEAS ise to UNDER OTHER S TO THE	ilue, asthenia, e r complication w ANTECEDE: ES OR CONDI the above LYING CONDITI	Itc. Il means thich caused NT CAUSES TIONS, if cause (A) ON last.	the disease, death.) any, giving stating the NIRIBUTING	(B). DUE TO, OR	AS A CONSEQUENCE OF:	zmDi	They.	5-
DISEAS	ANTECEDE S OR CONDIT the abave LYING CONDITI IGNIFICANT CON DEATH BUT NOT OR CONDITION	itc. Il means which caused NT CAUSES TIONS, if cause (A) ON last. I DITIONS COI RELATED TO THE	any, giving stating the NIRIBUTING HE TERMINAL 1 1 1A).	(B) DUE TO, OR (C)	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	gnali	tes.	5-
DISEAS	ANTECEDE S OR CONDIT the abave LYING CONDITI IGNIFICANT CON DEATH BUT NOT OR CONDITION	itc. Il means which caused NT CAUSES TIONS, if cause (A) ON last. I DITIONS COI RELATED TO THE	any, giving stating the NTRIBUTING HE TERMINAL I I IA).	(B). DUE TO, OR	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: 20A. AUTOPSY? (Yes	or No) 208, IF YES, W	TERE FINDINGS CAUSES OF D	5 -CONSIDERE
DISEAS nise to UNDER VOOTHER S TO THE DISEASE 19A. DA	ANTECEDE S OR CONDITION the abave LYING CONDITION GRONDFICANT CON DEATH BUT NOT OR CONDITION TE OF OPERATION	ntc. II means which caused NT CAUSES TIONS, if cause (A) ON last. DITIONS COI DIT	any, giving stating the NIRIBUTING HE TERMINAL I 1 IA).	(B) DUE TO, OR (C)	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: 20A. AUTOPSY? (Yes			
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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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(T	NAME OF DECEASED TO Print Pant Pant Pant Pant Pant Pant Pant Pa	LARENCE		D HOUR OF DEATH	- F
3	PLACE IN BALTIMORE, MARYLAND, WHERE P		4. USUAL RESIDENCE (When	e deceased lived. If institution:	residence before odmission)
II B	ULL NAME OF (IF NOT IN HOSPITAL OR I OSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLA) C. CITY OR TOWN	Balt imo	re 28-41
1	4Union Memorial	Hospital	E. STREET AND NUMBER	SDALE ROAT	
	Male While wido	WED DIVORCED	8. DATE OF BIRTH	O. AGE (In yours II Undo	or I Yr. II Under 24 His. Doys Houis Min.
qo	A. USUAL OCCUPATION (Give kind of work 108, KIN ne during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	on country) 12. CIT	IZEN OF WHAT COUNTRY?
	Retired - Merchandi	sing	New Engl.	and A	merican
13	FATHER'S NAME		14. MOTHER'S MAIDEN WAN	AE.	
	Not known		Not Know	Un	
15, (Ye	Was Deceased Ever in U. S. Armed Forces? is, no or unknown) (II yes, give wor or dotes of son	icel SECURITY NO.	17. INFORMANT		ADDRESS
	NO	173-07-2224	HARRIETTE	BRITTON	same
	18. 486XI	CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Danagana	NaA 1	
	This does not mean the made of dving.	e.g., (A) IMMEDIATE CAUS	E Preumo	711 a	1 Month
	hearl failure, asthenio, etc. Il means the dis- injury or camplication which caused death.)	ogse,	TOTAL COLOR		
	ANTECEDENT CAUSES	(0)			
	DISEASES OR CONDITIONS, if ony, gi	ving DUE TO, OR AS	CONSEQUENCE OF:		************************
	rise la lhe abave cause (A) slaling UNDERLYING CONDITION last.	(c)			
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CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMI	NG NAI			
ICA.	DISEASE OR CONDITION GIVEN IN PART 1 (A). 194-DATE OF OPERATION 198 CONDITION I	***************************************	120 A ALIZONSY2 /V N-W	000 15 45	***************************************
RTIF	WAS PERFORMED	OK WHICH OFERATION	20A- AUTOPSY? (Yes or No)	208, IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED DEATH?
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(il In Boltimore City, give	e exect location)
	OR COMINBUING CAUSE OF	home, form, foctory, street, offi-	ce bldg. INTHEY OCCUPY	the second second second	
	DEATH (notify medical examined)	elc.)	or biogolittown occor.		
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CAL	DEATH (notify medical examine)	21E INJURY OCCURRED While At Not While	21F. HOW DID INJU	RY OCCUR?	
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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	IAME OF DECEASED		2. DATE AN	D HDUR OF DEATH	
	HILL SVERNET		12/	13/70	17 A.W
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCED DEAD	4. USUAL RESIDENCE (Whom	o deceased lived. If insti	tution: residence before admission)
FU	LL NAME OF (IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	MARYLAND	21216	11.06
IN.	SPITAL DR ADDRESS OR LOCATION		C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
1	LITHERAN HORPITAL OF	MARIANA	BALTIMORE	5	YES NO
1	A Leader Local Library	MINKYLMIND	E. STREET AND NUMBER	1 ANUALE	500500
5. 5	EX 6. RACE 7. SAAD				
P	ELMALE COLORED WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	9-20-25	45	If Under 1 Yr. If Under 24 Hrs. Manths: Days Haves Min.
don	USUAL OCCUPATION (Give kind of work 108, KIN adving most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	an cauntry)	12. CITIZEN DE WHAT COUNTRY?
	Housewife		D-C		n.s.A
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	1E	
	Vames Davis		Mobile	Davis	
15. Y	Was Decaused Ever in U. S. Armed Forces? .na ar unknown) (If yes, give war ar datas of sarv	16. SOCIAL	17. INFORMANT		ADDRESS
	1/0	SECURITY NO.	AMDS 4:11	1 2865 1	W. LANUALE ST
	18,	CAUSE OF DEATH		BALTIN	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU	SE HEPATIC	COMA	
	(This does not mean the mode of dying, heart laiture, asthenia, etc. It means the disc	0.0	CONSEQUENCE OF:	************)
	injury or complication which caused death.)	σ .			
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TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG NAL			
19	DISEASE DR CONDITION GIVEN IN PART 1 (A).	***************************************	120 A ALLYOBEVS (Vo. o. No.)	200 15 450 4400	***************************************
CERTIFIC	WAS PERFORMED	- William Orekanon	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSE	S OF DEATH?
U	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(I In Baltimare C	ity, give exact location)
CAL	DEATH (natify medical examiner)	name, torm, lactary, street, aft	ice bldg., INJURY OCCUR?		
0	21D. TIME (Manth) (Day) (Year) (Hauri)	21E INJURY OCCURRED	21F. HOW DID INJU	PY OCCUP?	
2	OF INJURY (APPRDX.)	While At Not While			
	22 1	Wark L At Wark	10 //	Just ,	
	22. I certify that (1) (this hospital) attend	ed the deceased from	(2 - 9 - 19)	70 10 12	- 13 - 19.70
	that (1) (we) last saw the deceased alive	on	19.2.Qand that	in(my) (our) apinia	n death occurred on the date
	and have and from the causes stated abov	e. (1) (We) (d1d) (d1d nat) v1	ew the body ofter deoth.		
	K Garage May	Atten	ding Med. S		B. DATE SIGNED
	23C. PHYSICIAN'S		Director L P	hys.	12/13/10
	NAME (Type)	and My	3D. ADDRESS	11000.00	- 0 445
24A	BURIAL CREMATION, 24B. DATE 24	DEGREE		HOSPITAL	OF MID.
1	REMOVAL (Specify)	C. NAME OF CEMETERY OF CRE	MATORY 24D. 10	CATION (City.)	lawn, ar caunty) (Stata)
250	ural 12/16/10 /	lesten W Sta	h (em: Cor	JONU341/18	110
Z3A	TO 1 5 10000 O 4 4 7 258. NAT	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	a ndl	Out Of Robress
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X-45/		AFDICAL	EXAMINER'S	FRTIFI	CATE OF	DEAT	H	70 4	2100
BIRTH NO.	,	MEDICAL			CAILOI	DEM	REG. NO.	10	CHOS.
I. NAME OF DEC	CEASED			2. DATE OF	Known 🔲	Month	Doy	Year	Hour
(Type or Print) PAUL KLINNER					Estimated 🗍				M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						Month	Day	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				PRONO	UNCED DEAD	12	11	1970	12:49 a _{M.}
OR INSTITUTION	ADDRESS O	RECERTION		5. USUAL F	ESIDENCE (Where	e deceased l		n: residence be	
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6. SEX	7. RACE	18. ALADI	RIED NEVER MARRIED	C. CITY OF	TOWN /	C F.	D. INSIDE C	ITY LIMITS?	
male	white		WED DIVORCED		Baltimore	144		ES 🗆 N	10 II-
9. DATE OF BIRT	H 110.4	GE (In years	If Under 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBER		1 , 1	E3 [] [40 E
9/29	/ lost	birthdoy)	Months Doys Hours Min.		0 Foxwood	Lane			
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	CHINIS			10 11100		,		DDSSSS	
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19.	100		CAUSE OF DEA	TH					ROXIMATE INTERVAL EN ONSET AND DEATH
DISEAS	E OR CONDITION	N DIRECTLY							
	LEADING TO DEA		(A)IMMEDIATE	CAUSE MU	ltiple in	juries			
(This does of	not mean the mode e, asthenia, etc. It me	of dylng, e.g.,	DUETO OR	AS A CONSE	UENCE OF:				
Injury or co	mplication which cou	sed death.)							
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	OR CONDITIONS		DUE TO, OR	AS A CONSE	QUENCE OF:				
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O THE DE	ATH BUT NOT RELA R CONDITION GIVE								
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Ö								ves	
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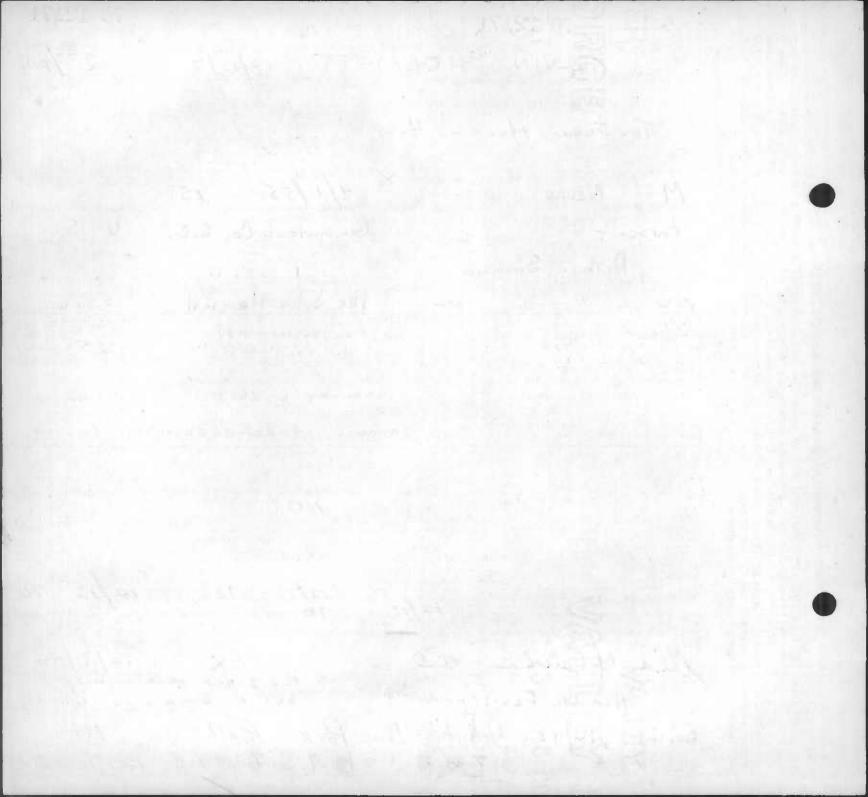
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11	NORTH	CHAR	itts c	26101	HOSPITAL	E. STREET AND NUMBE		TES NO P
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5. 5	SEX	6. RACE	HITE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Il Under 1 Yr., If Under 24 Months: Doys Hours: N
+0.4	A HSHAL OCCI			WIDOWED		2-74-14	5/2	2075
CON	ne ouring most of t	working life, ev	en if retired)	KIND C	F BUSINESS OR INDUST	RY 11. BIRTHPLA CE (Stole or	,	12. CITIZEN OF WHAT COL
6	UNEMP FATHER'S NAM	LOYE.	0	3		WEST VI	RGINIA	USA
13.						14. MOTHER'S MAIDEN	NAME	
		LIAM		- , ,		BRRAVEL	LE CAR.	R
15. Yes	Wos Deceosed	(If yes, give	Armed Far war ar dote	ces? es al servicel	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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	18. 16.2	./ 1			CAUSE OF DEA	TH	,,,	APPROXIMATE INTER
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FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	1/ 420 00 104		HEALTH DEPARTMENT	70 12171
BIE	70 121	CERTIFICA	TE OF DEATH REG. NO.	10 1000
1.1	NAME OF DECEASED	avis / L - A A .	2. DATE AND HOUR OF DEATH	25/
(ly	pe ar Print) MELVIN	HERRI	011 12/13/70	2 /PMM.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If in A. STATE 8. COUNTY	stitution: residence beloro admission)
	JLL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	17-03
IN	STITUTION THE JOHNS HO	DELLIS HOSE		VEST NO
	/HE 3 CHA3 // 0	11/100	BALTIMORE E. STREET AND NUMBER	1132
	33		725 GEORGE STREET	
5.	SEX 6. RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	MEGRO WIDOV		4/1/55 /5	
	A USUAL OCCUPATION (Give kind of work 10B. KINE ne during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	STUDENT		George town Co, S.C.	0.5.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
		nens	PHYLLIS HERRIOTT	
	Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor ar dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	NO	demis	Mrs. Julia Herriett	Same
	18.45/,9	CAUSE OF DEAT	H SSIVE PULMONARY	BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			25 MINUTES
	(This daes not mean the made of dying, heart failure, asthenia, etc., it means the dise	e.g., DUE TO, OR AS	ISE HUMMORNITAGE ACONSEQUENCE OF:	
	injury ar camplication which caused death.)			
	ANTECEDENT CAUSES		MONARY EMBOLI	MONTH
	DISEASES OR CONDITIONS, if any, giverise to the above cause (A) stating	ring DUE TO, OR AS	A CONSEQUENCE OF:	,
	UNDERLYING CONDITION last.	(c) CHR	ONIC THROMBOPHIE	BITIS / MONTH
7	II II			
101	TO THE DEATH BUT NOT RELATED TO THE TERMIN			***************************************
ICA		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
ERTIFIC	WAS PERFORMED		NO IN CERTIFIED CA	USES OF DEATH?
CALC	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	in ar obout 21 C. WHERE DID (If in Baltimor ffice bldg., INJURY OCCUR?	e City, give exoct location)
EDI	OF INTILLEY	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
2	(APPROX.)	While At Work Nat While At Work		/
	22. I certify that (I) (this haspital) attend	ed the deceosed from	12/3 1970 10	12/13 1970.
	that (1) (we) lost saw the deceased olive	on /2/13	19 7 O and that in(my) (our) api	nian death accurred on the date
	ond haur and fram the couses stated abov	e. (I) (We) (did) (did not) v	view the body ofter deoth.	
	23A. SIGNATURE	U D A	Mad C State	23B, DATE SIGNED
	Ellan Fleischa	DEGMEE	ending Med. Shaff No. 23D. ADDRESS THE JOHNS HO	12/13/10
/	P23C. PHYSICIAN'S NAME (Type)	40	23D. ADDRESS THE JOHNS HO	PRINS HOSP.
24	A. BURIAL CREMATION, 24B. DATE 24	ISCHMAN GEGREE	601 N. BroA	DWAY WALT MD.
24	REMOVAL (Specify)	HAME OF CEMETERT OF CR	Q 12 1/2 1/	My, lown, or county) (state)
25	A. DATE REC'D BY HEALTH DEPT. 258. NA	Trbutus /bn	25C. FUNERAL DIRECTOR	ADDRESS
23	HEG 15 1970 R. C. C. C. Z.	0.00 0	2 DRY SEDURH F.H.	1201 LAURENS SI
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MORTON & DYETT F.H.

1701 Laurens Street

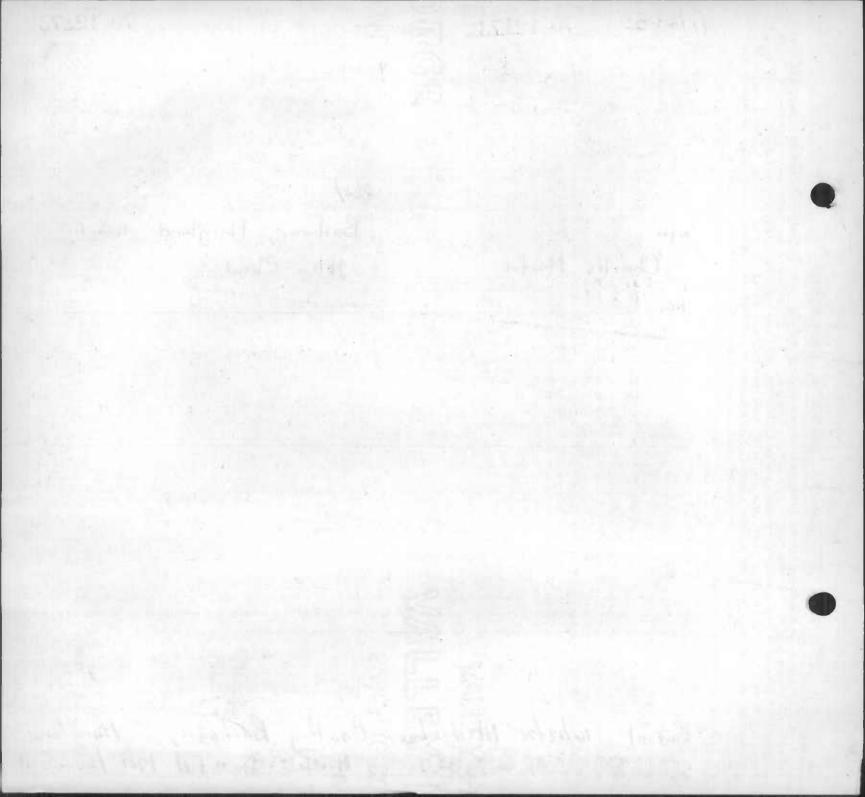
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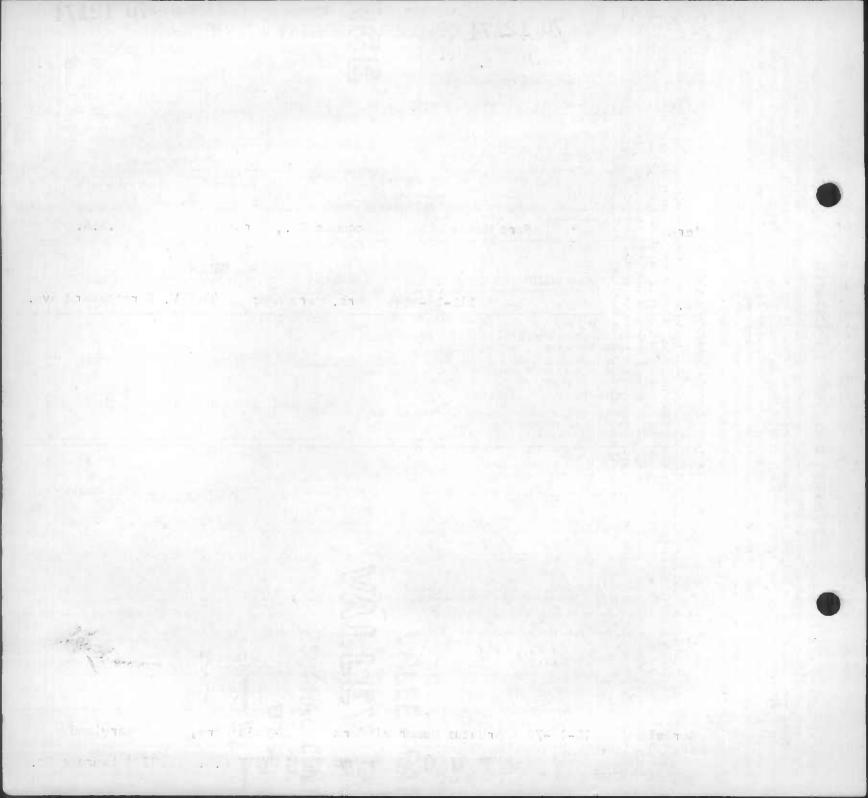
FUNERAL DIRECTOR: IMPORTANT

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M 125	BALTIMORE CITY	HEALTH DEPARTMENT		20 10:
1/-635 70 1217	3 CERTIFICA	TE OF DEATH	REG. NO	70 12173
BIRTH NO. 1. NAME OF DECEASED	1 11	2. DATE AN	D HOUR OF DEATH	
(Type or Print) MARTIN) . Eli	nabeth V	VONNE.	13 - Dec -	70 100 AM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUN		stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	Md		25-62
HOSPITAL OR ADDRESS OR LOCATION	1/ //	C. CITY OR TOWN		DE CITY LIMITS?
Co the Brothere Co	Hospital	E STREET AND NUMBER	re	YES NO
43			ound Rd	21225
5. SEX 6. RACE 7. MARRI		01 1 /-	9. AGE (In years lost birthdoy)	If Under 1 Yr. 11 Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND		1 / x / / / / / /	2 (12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	OF BUSINESS OR INDUSTRI	DIRITHACE (Store of Tore)	gn country)	
AIA		DA Himore,	MAINIAND	U.S. A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
Charles Martin		Helen Clo	ud	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO.	SECORITI NO.	Hole Martin	- Mother	- Sane
18. // 00 /	CAUSE OF DEAT	Н	7,0	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			1 11	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE ROCUIR Rent 1	forte disti	-CL 24-36 hours
(This does not mean the mode of dying, a heart failure, asthenio, etc. It means the disec	DUE TO, OR AS	A CONSEQUENCE OF:	# 6 8 8 8 8 6 4 6 4 4 4 5 5 6 6 6 7 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
injury or complication which caused death.)		Λ Λ		
ANTECEDENT CAUSES	(B)	Astl-	C2_	10 YRS
DISEASES OR CONDITIONS, if any, giv	9	A CONSEQUENCE OF:		/
rise to the obove couse (A) stating UNDERLYING CONDITION lost.	(C)			
11				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION				
TO THE DEATH BUT NOT RELATED TO THE TERMIN		•••••		
19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	INDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n of about 21C WHERE DID	(If in Relaimage	City, give exact location
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o etc.)		(ii in politimore	City, give exoct locotion
O 21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Not While			
	Work At Work		10 40	13 - Dec 10 70
22, 1 certify that (1) (this haspital) attended			19_7Oto	
that (4) (we) last saw the deceased alive a			at in (my) (agr) apir	nian death accurred on the date
and haur and from the causes stated above	. (1) (We) (did) (did mot)	riew the bady after death.		
23A. SIGNATURE	-/ MO AM	ending Med.	Staff 1	238, DATE SIGNED
Richard L Fr	DEGREE Phy	s. Director	Phys.	13- Wec 70,
23 C. PHYSICIAN'S NAME (Type)	MT	23D. ADDRESS	1/	4. 11
Richard E Fish	ele DEGREE	South Dak	ti-012 6.	en 110 spital
24A. BURIAL CREMATION, REMOVAL. (Specify)	NAME OF CEMETERY OF CR	EMATORY 24D. LC	OCATION (Cit	y, town, or county) (Stote)
Burial 12/17/20	M. Hubarn	Cemetery B	Altemore,	Margland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	AE_OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	72. 80 B		1	1 - 1

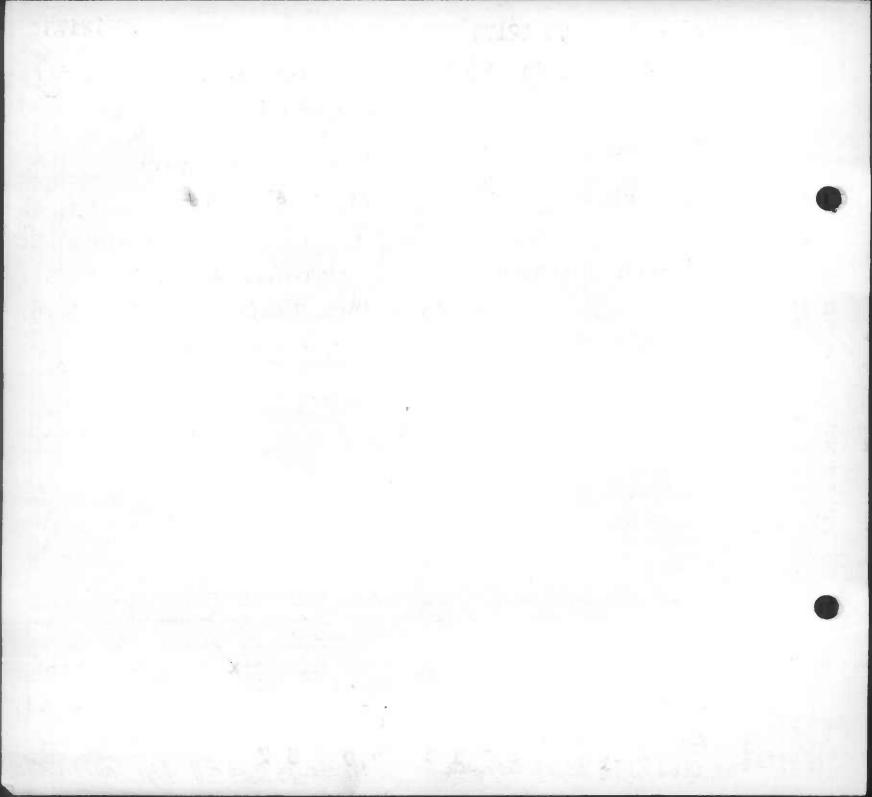


Was



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); the deceased prior to death, Such written approved must he obtained helps the remained are fined in the deceased prior to death. Such
the deat deat
f any nced
Also One one one
This certificate must be approved by the chief medical examiner or his assistant if death accurrent the body was released to the hospital by a medical examiner. Also, if the direct or contribution shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prior or death.
ature; ature; pt wh (6) N
pprov the land any n (exce
eased to ident of nospital death)
This certificate must be the body was released shows: (1) An accident was D.O.A. at a hospit deceased prior to dear written approval must
certification of the control of the
This the show was dece

	M-635 70 10		HEALTH DEPARTMENT	PCC NO	70 12175			
	BIRTH NO.	\$7.5 CERTIFICA	TE OF DEATH	REG. NO.	O TCK/)			
	(Type or Print) Mr	Martan		HOUR OF DEATH				
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	ber 13 1970 deceased lived, if institution;	5:30 PM.			
	FULL NAME OF UF NOT IN HOSPITAL OR IN	Maryland		21-27/				
	FULL NAME OF HOSPITAL OR IN ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN	D. INSIDE CITY I	IMITS?				
	Bon Sea		Baltimore	YES Y	NO			
	3 you secours 1-	rospital	2509 Mª Henry Street					
made	5. SEX 6. RACE 7. MARR	IED NEVER MARRIED	8. DATE OF RIPTH 19. ACE (I)					
IS III	Male Black WIDOV	VED DIVORCED	12/08/26	44	Doys Hours Min.			
- 1	10A, USUAL OCCUPATION (Give kind of work 10B, KINE done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lareign	country) 12. CITI	IZEN OF WHAT COUNTRY?			
sposition	13. FATHER'S NAME	to Eng. Co.	Virginia.	SAXE U	nited States			
od	m		14. MOTHER'S MAIDEN NAMI					
6	15. Wes Deceased Ever in U. S. Armed Forces?) 1 6. SOCIAL	17. INFORMANT	Davis				
Bu	(Yes, no or unknown) (If yes, give wor or dotos of service)	SECURITY ND.	M. D	Μ- ΛΛ Ι	ADDRESS			
	18. // 9 /	CAUSE OF DEATH	17/15, Taul	ine Mort	APPROXIMATE INTERVAL			
3	DISEASE OR CONDITION DIRECTLY	De-	actom i A. M		BETWEEN ONSET AND DEATH			
E	(This does not mean the made of dying, e.g., (A) IMMEDIATE CAUSE (D) IF TO DEATH (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (B) INTERPORT OF THE CAUSE (B) INTERPORT OF THE CAUSE (C) INTERPORT OF THE CAUSE (C) INTERPORT OF THE CAUSE (D) INTERPORT OF							
0	heart foilure, asthenia, etc. It means the disease, injury or camplicolian which caused death.)							
5	ANTECEDENT CAUSES Som des primmo mo days							
2	DISEASES OR CONDITIONS, if ony, giving rise to the abave cause (A) stating the							
nains a	UNDERLYING CONDITION tast.	(c) Carri	ionia li lung	c muas as	is 14 mis			
	2 11		0					
5	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL						
120	19A DATE OF OPERATION 19E CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDINGS	CONSIDERED			
0	EL L	217 81 4 6 6 05 10 11 17 17	Yes	Yes				
	Con Contractor of the Contract	21B. PLACE OF INJURY (e.g., in home, form, factory, street, alfi elc.)	ico bidg., INJURY OCCUR?	(II in Baltimore City, give	e exact location)			
3	Q 21D-TIME (Month) (Day) (Year (Hour)	215 INJURY OCCURRED	21F. HOW DID INJUR	X OCCUPY				
	₹ (APPROX)	While At Not While		1 OCCOR:				
	22. I certify that (1) (this hospital) attende		Dec /2_ 10	20 10 9601	19 1070			
	that (1) (we) lost saw the deceased alive a		***************************************	in (my) (our) opinion deat				
	and hour and from the causes stated above	. (1) (We) (did) (did not) vi	ew the body ofter death.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	in occorred on the date			
	23A. SIGNATURE	1			E SIGNED			
5	23 C. PHYSICIAN'S	DEGREE Phys.	Director L Phy	/s. 🗴	-113/70			
	NAME (Type)	23	3D. ADDRESS					
2	24A- BURIAL CREMATION, 24B. DATE 24C	NAME OF CEMETERY OF CREA	MATORY 24D. LOC.	rs Hospital	Balto, Md.			
	Bur 9 12/18/20 1	1 L. M.	1/1-18	1/	March (State)			
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	E OF REGISTRAR ! !	25CONNERAL DIRECTOR	1/12.	ADDRESS			
	DEC 1 5 1979 36 60 4 E. Ja	Bay M.D.	Morton & Do	yett F-1/ 1701	Lauceus St.			
1	VS 150-REV. 1/1/68)				



24C. NAME of CEMETERY or CREMATORY

258. NAME OF REGISTRAR

Pinelawn Memorial Park

24D, LOCATION

25C. FUNERAL DIRECTOR

MOR, TON, &

Annapolis

DYETT F.H.

(City, town, or county)

ADDRESS

Maryland

1701 Laurens Street

VS 151-REV. 1/1/68

REMOVAL (Specify)
Burial

24A. BURIAL CREMATION.

24B. DATE

12-15-70

r. und the state of the state of

VS 151-REV. 1/1/68

, T SMELEN DE LE LE LE MELEN DE LE empt committee and the contract of the contrac

70 12178

BALTIMORE CITY HEALTH DEPARTMENT

1 20	12				BALTIMORE CITT HE	ALIH DEP	AKIMENI				_	
T-30	0	MED	ICAL	E)	CAMINER'S	CERTIF	ICATE	OF	DEAT	H	70	12178
BIRTH NO.										REG. N	0,	
I. NAME OF DECEASED (Type or Print) ALBERT REID					2. DATE OF	Known		Month	Doy	Yeor	Hour	
4. PLACE IN BA				PONO	UNICED DEAD	DEATH 3. DATE	Estimore	:0 LJ	44 - 41	0	N	М.
							DUNCED DE	AD	Month	Doy	Yeor	Hour
FUL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION								12	13	1970	12:01 p _M	
2620	Loyola	a North	nway			A. STATE	Maryla	1		B. COUNT		5-13
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C.			C. CITY C	RTOWN			D. INSIDE	CITY LIMITS?				
male	negro		WIDOV	- production		В	altimor	е			YES E	NO 🗆
9. DATE OF BIR		10. AGE (I	n yeors	KUn	der 1 Yr. II Under 24 Hrs.	E. STREET	AND NUME	BER			اليا دء١	140 []
2-14-19	35	lost birthdo	5	Month	ns Days Hours Min.	262	0 Loyo1	a No	rthwa	У		
II. BIRTHPLACE				12. C	ITIZEN OF		R'S NAME					
Baltimor	o Mary	land		W	HAT COUNTRY?	Goor	ge Reid	4				
			LAR KINIT		USINESS OR INDUSTR				16			
ione during most of	working life, ev		140.1/1145	OFB	DOINESS OR HADUSIK							
Unemploy						Essi	e Culp	pe pe	r			
Yes, no or unknown	SED EVER IN	U.S. AR MED	FORCE	5?	17. SOCIAL	IB. INFO	RMANT				ADDRESS	
Yes.	,,(11) cs, give .	-01 01 00103	0. 301710	"	2 18-28-5665	Mrs.	Nettie	В.	Reid	1719	N. Broa	idway
19. 4	0.4				CAUSE OF DEA	TH						PROXIMATE INTERVAL
/											86114	VEEN ONSET AND DEATH
DISEA	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANIMMEDIATE CAUSE AT UST OBOLE TO THE CAUSE OF T											
(This does	not mean the		Ing. e.g.,		(A) IMMEDIATE	31.000	QUENCE OF:	warter.		- H- A -	13356.01	MADGMOD
heart loilur	e, osthenla, étc	. It meons the	disease,		DOE 10, OK	AS A CONSE	QUENCE OF:					
infort or co	injury or complication which caused death.)											
A	ANTECEDENT CAUSES (R)											
DISEASES	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE											
I UNDERLY	UNDERLYING CONDITION LAST.											
8					(c)							
OTHER SIG	NIFICANT CO	II	ONITRIBLE	TING		11 - 11						
O THE DE	ATH BUT NOT	RELATED TO	THE TERM	IINAL								
DISEASE OF	RCONDITION											- 62
A. DATE O	F OPEKATION	A SOR COL	NOIIION	FORV	WHICH OPERATION W	AS PERFOR	WED				21. AUTO	PSY? (Yes or No)
											У	es
	NAL CAUSE			22B. P	LACE OF INJURY (e.g.,	In or obout	22C. WHERE	DID (I	f in Boltimo	re City, give	exact location)	
	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.											
≥ 22D. TIME		oy) (Year	r) (Hou	r) 22	E.INJURY OCCURRED		22F. HOW D	ID INJ	URY OCC	JR?		
OF INJURY				W	HILE AT NOT	WHILE						
23.				m. W	ORK L AT W	ORK						
	atter short I h	ald an I	t [Innocation D. A.				1-1-1-	1		
	I certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion											
resu	Ited from: N	atorol con	ses 🗸	_ Ac	cident Suicid	le L	lomicide L	U	Indetermi	ned monne		
	(1	20	1 1	1/1		CHIEF MEDI	CAL E	CAMINER			DATE CICNIED
SIGNAT		11	Freth	12	M.D	AS:	ISTANT MED	ICAL E	CAMINER	X		DATE SIGNED
EXAMIN	IED'S	1/5	1100			-	OCIATE MED	ICAL EX	AMINED			
NAME (7	sidore	Miha	lak	is, M.D.	~~3	O CIAIC INCO	, ent ti	- HANNAEL		1	2-14-70
24A. BURIAL CRE	MATION, 2	4B. DATE		240	. NAME of CEMETERY	or CREMAT	ORY	24D. L	OCATION	(City, to	wn, or county)	(Stote)
REMOVAL (Spec	:ffy)	10 17	70									
Burial	By HE A	12-17-			ount Auburn				Baltin	ore,	Mar	yland
25A. DATE REC'E	BY HEALTH	DEPT.	25B. N	AME (OF REGISTRAR		FUNERAL DI			1 ***	ADDRESS	
JEC 15	BN JG	संस्थित है,	A Real	1695		2	RTON	DE.	ii F.H	. 1/	or Laur	ens Street
			1	1000	-	fire 1 0		1				

Letter from M.E.'s office 1-19-71 M.H.

1

J-560 BALTIMORE CITY HE	/11 1 27:21						
MEDICAL EXAMINER'S	LEKTIFICATE OF DEATH REG. NO.						
1. NAME OF DECEASED							
(Type or Print) JOHN P. JOYNER	2. DATE Known Month Day Year Hour OF December 11, 1970 6:00 P.						
	DEATH						
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour PRONOUNCED DEAD December 11 1070 6.00 F						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	December 11, 1970 6:00 P.						
OR INSTITUTION .	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)						
Johns Hopkins Hospital	A. STATE Maryland B. COUNTY						
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN ID. INSIDE CITY LIMITS?						
Mala Nagra	Paltimana — —						
MIDOMED DIACKCED	E. STREET AND NUMBER						
(lost birthday) Months a Doys a Hours a Min	E. STREET AND NUMBER						
2-28-1919 51	1200 Holbrook Street						
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME						
Baltimore, Maryland WHAT COUNTRY?	Herbert Lyons						
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY							
done during most of working life, even if retired)	Pauline Lyons						
16. WAS DECEASED EVER IN U.S. ARMED FORCES? [17. SOCIAL							
(Yes, no or unknown) (if yes, give wor or dotes of service) SECURITY NO	18. INFORMANT ADDRESS						
	Mrs. Elberta Joyner 1200 Holbrook Stree						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foliure, osthenio, etc., it means the disease,							
ANTECEDENT CAUSES (B) Idiop	athic thrombocytopenic purpura AS A CONSEQUENCE OF:						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)						
0	Yes						
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	In or obout 22C, WHERE DID (If in Baltimore City, alve exact location)						
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. home, form, loctory, street, office bldg., etc.) INJURY OCCUR?							
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E, INJURY OCCURED OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK MY WORK							
23.							
I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion							
The state of the s							
ACTUAL (1) A	CHIEF MEDICAL EXAMINER L						
SIGNATURE CLASS OF THE M.D.	ASSISTANT MEDICAL EXAMINER						
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER December 12, 1970						
Total (Type)	- beechber 12, 1770						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stale)						
Burial 12-16-70 Mt. Calvary Co							
	25C. FUNERAL DIRECTOR ADDRESS						
DEC15 BNO USES E. RESEGREDIO O	ON ORTON & DYETT F.H. 1701 Laurens Street						

FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

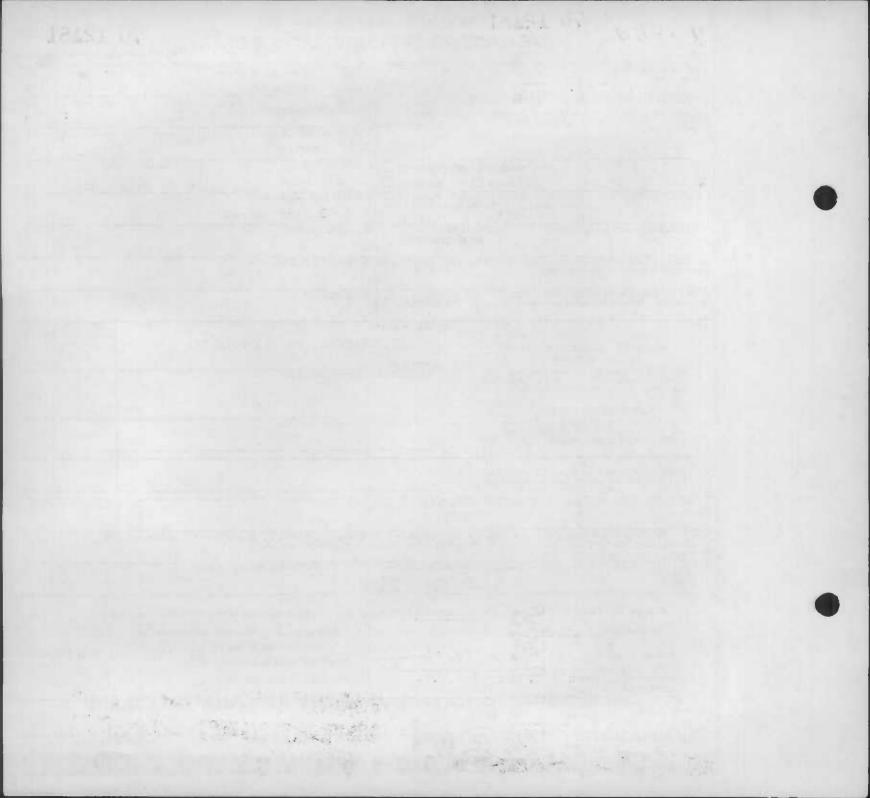
D-14/ 70 1	23.80	Y HEALTH DEPARTMENT	. /	70 12180 -				
M.E. CASE NO.	CERTIFICA	ATE OF DEATH	AND HOUR OF DEATH					
(Type or Print)	Dev116135	12	1/2/20	1245 P M.				
3. PLACE OF DEATH IN BALTIMORE, MARYLA	ND		OUNTY	nstitutian; residence befare admission)				
FULL NAME OF (If not in haspital ar in: HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If autside city limits, write RURAL and give township)							
Han 1 10	/ 11	D. STREET ADDRESS	(If 1979), give location)	2 /				
Maryland Genera	HOSP	Rt 6	Keichford	Pd. 21701				
Female W 7. N	AARRIED, NEVER MARRIED, VIDOWED, DIVORCED (specify)	12/9/70	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
10A. USUAL OCCUPATION (Give kind of work 10B, done during mast of working life, even if refired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or	loreign country)	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME	None	Mary 6	N A A A F					
to a Edul	16:16	FALL E	11 0	nes				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no grunknown) (If yes, give war or dates al	16. SOCIAL SECURITY NO.	17. INFORMANT	ion Gill	ADDRESS /				
No	None	Faxe FIL	en Devila	piss inp				
1B.	/	OP DEATH/		INTERVAL BETWEEN ONSET AND DEATH				
LEADING TO DEATH	LEADING TO DEATH (A) Tremoturity							
heart foilure, osthenia, etc. It means the	(This does not mean the mode of dying, e.g., DUE TO heart foilure, osthema, etc. It means the disease,							
ANTECEDENT CAUSES	ANTECEDENT CAUSES (B)							
	DISEASES OR CONDITIONS, if ony, giving							
UNDERLYING CONDITION last.	UNDERLYING CONDITION last.							
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	RIBUTING TO THE							
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	FINDINGS CONSIDERED AUSES OF DEATH?							
OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	218. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR	(If in Boltimo	re City, give exoct locotion)				
21D. TIME (Month) (Doy) (Year) (He			INJURY OCCUR?					
(APPROX)	Wark Not WI	k 🗀						
22. I certify that (!) (this haspital) att								
and have and from the causes stated o				inian death accurred an the date				
23A. SIGNATURE	1			23B, DATE SIGNED				
23C. PHYSICIANS		ttending Med. Director	Stoff Phys.	12/7/70				
NAME (Typel	M.C							
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME of CEMETERY OF C	ANATOMY B	OARD OF M	ARYLAND (State)				
12-10-7		INIVENSITY	MEDICAL	SCHOOL				
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	ONE PORTER AND	TOUR	ADDRESS				
VS 150-REV. 1/1/65	Day 164	MUKIUARI	SERVICE	- BCHD				

AMATOMY TO ALL OF MARYEASS INSTANCED AND THE STROOT

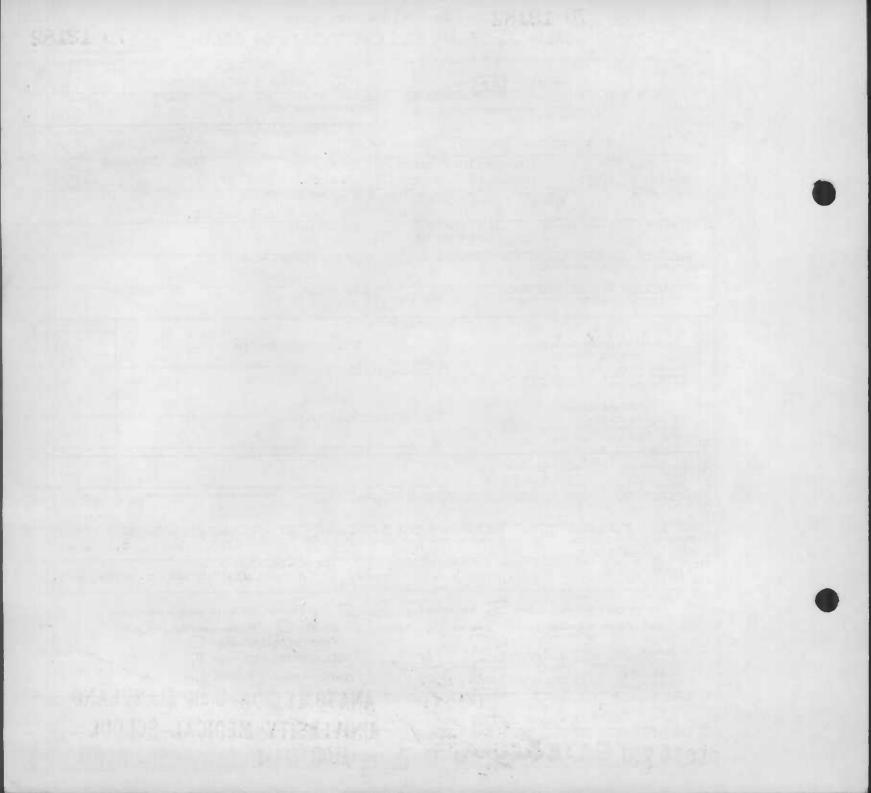
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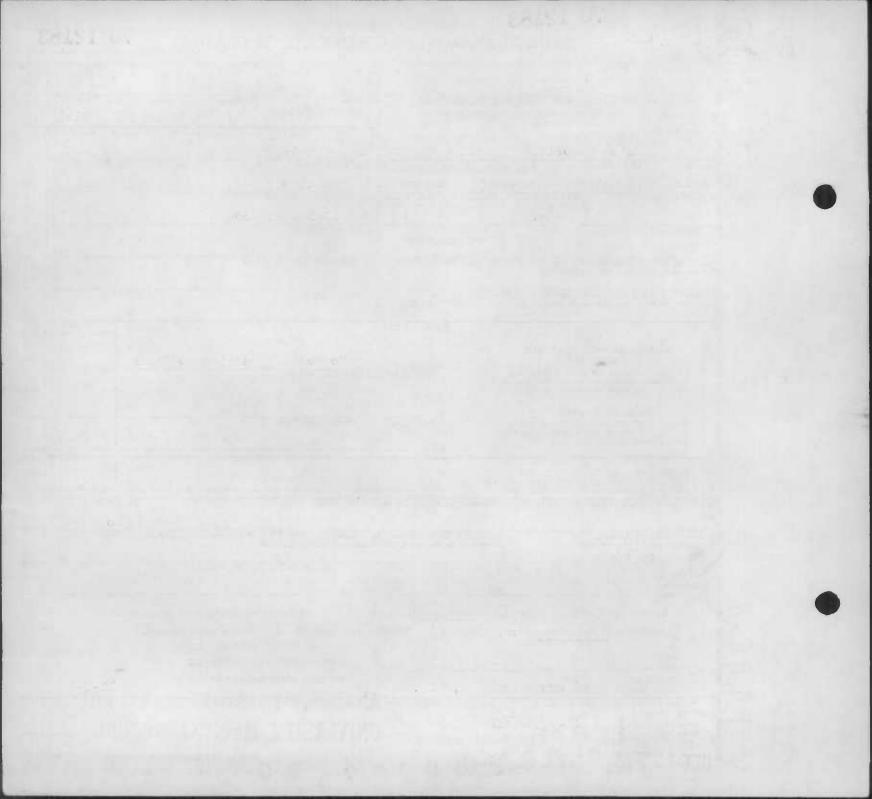
	W-30	00	70 1 MED	218 ICA	L EX	BALTIMORE CITY AMINER'S	HEALTH DEP	ART FIC	MENT ATE C	OF	DEAT	H _R	EG. NO		1	2181
	NAME OF DE						2. DATE		Known [Month		Day)	eor	Hour
4.	PLACE IN BAI	MARTIN			PONO	LINCED DEAD	DEATH	1	Estimated		Month		Day		lear.	Hour
FU	LL NAME OF SPITAL INSTITUTION	(IF NO		L OR IN		N, GIVE STREET	PRON		CED DEAD		Octob	er	31,1	970		10:18 A
-	00	1023 Ra	ice Str				A. STATE	Ma	arylan		dece ased 1	B. C	YTAUC		23	efore admission)
1	SEX (c.1.	7. RACE		1	_	NEVER MARRIED	C. CITY O					D. II	NSIDE	CITY LIA	AITS?	
	Male	Negro	(10.AGE (In		WED L	DIVORCED for 1 Yr, If Under 24 F			Lmore	0				YES	1	NO
			last birthday	63	Month	Days Hours N	in.		Race		eet					
11.	BIRTHPLACE (Stote ar fareig	on country)			TIZEN OF HAT COUNTRY?	13. FATH	ER'S	NAME							
144 don	USUAL OCCU eduring most of v	PATION (Giv	e kind of work en if retired)	148. KIN	D OF B	USINESS OR INDUS	TRY 15. MOT	IER'S	MAIDEN	NAN	E					
16. (Ye	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE of service	S?	17. SOCIAL SECURITY NO.	IB. INFO	RMA	NI					ADDRE	SS	
FICATION	(This does no heart failure Injury or con Injury or Content Injury or Injury	IEADING TO of mean the continuous continuous TECEDENT OR CONDITI E ABOVE CA NG CONDITI IFICANT CON ATH BUT NOT	mode of dyl . It means the th caused deo CAUSES ONS, IF ANY, USE (A) STAT ION LAST. II ROTTIONS CC RELATED TO	disease, oth.) GIVING THE	TING	(8)	TE CAUSE DR AS A CONSI									
L CERTI						HICH OPERATION	WAS PERFOR	MED							AUTOP	SY? (Yes or No)
MEDICAL	UNDERLYING UTING CA	USE OF DEA	TRIB-) (Hou	r) 228		ttice bldg., etc.)	INJ	WHERE DURY OCCU	KS.			, give e	mact loca	lion)	
25.	ACTUAL SIGNATI EXAMIN: NAME (I A. BURIAL CREM	ER'S ROYPE) AATION, 2 Y) BY HEALTH I	turol cause onald N 48. DATE	14, Ko	Acornb1	Sul Sul	A.D. ASS	CHI SISTA	end that a clade of the clade o	AL EX	ndetermi AMINER AMINER					OATE SIGNED 70 (State)



VS 151-REV. 1/1/68



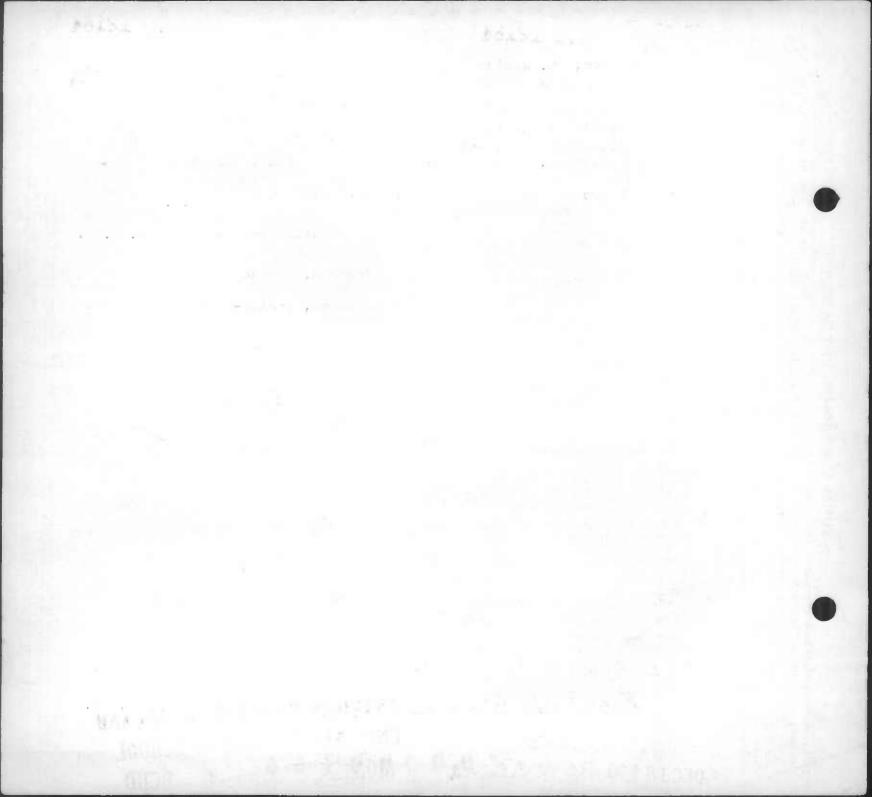
ASSISTANT MEDICAL EXAMINER SIGNATURE. **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER Isidore Mihalakis, M.D. NAME (Type) 24C, NAME of CEMETERY A CTAMA 24A. BURIAL CREMATION, 24B. DATE 240 AOCATION (CTY HOWEL OF EDUNTY) REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR VS 151-REV. 3/1/68



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a haspital and

	1-578	nerest .	4.77.1.0		Y HEALTH DEPARTMENT		70 12184
	ATH NO. TO	2237370	1218	1 CERTIFICA	TE OF DEATH	REG. NO.	NO TUROS
	PE OF DECE.	Johnson, BO.	Janio	e		ND HOUR OF DEAT	
3.	PLACE IN BALTI	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived I	1 9:30 PM. f institution: residence before admission)
H	LL NAME OF OSPITAL OR STITUTION			UTION, GIVE STREET	Maryland c. City OR TOWN	4	NSIDE CITY LIMITS?
	39	Provident 1514 Divis Baltimore,	son Str	eet	Baltimore E. STREET AND NUMBER 1210 Whatcom		YES 🔀 NO 🗌
	Male	Negro	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 11/27/70	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.
don	USUAL OCCUP e during most of wo	ATION (Give kind of work) orking life, even if retired)	IOB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for Baltimor	eign country)	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13.	FATHER'S NAM	E	- E		14. MOTHER'S MAIDEN NA	ME	
		Unknown			Johnson, Jani	ice	
15. (Ye:	Wos Deceased E s, no or unknown) (I	ver in U.S. Armed Forci if yes, give war ar dales	of service)	1 6. SOCIAL SECURITY NO.	17- INFORMANT		ADDRESS
					Johnson, Jani	ice-Mother	Same
	heart failure, as injury at compl AN DISEASES OR rise to the	mean the made at silhenia, etc. It means to icalian which caused at ITECEDENT CAUSES CONDITIONS, it at above cause (At above cause (At above cause)	the disease, death.)	(B) Irem	aconsequence of: alure Le a consequence of: mature	abor Ruptu	ref bow
CERTIFICATION	TO THE DEATH DISEASE OR COM	11 ANT CONDITIONS CON BUT NOT RELATED TO THE IDITION GIVEN IN PART	TERMINAL	***************************************	***************************************		
RTIFIC	19A. DATE OF O	PERATION 198 COND WAS PERFO	ITION FOR Y	VHICH OPERATION	20A. AUTOPSY? (Yes of No		E FINDINGS CONSIDERED AUSES OF DEATH?
4	21 A. ACCIDENT OR CONTRIBUTI DEATH (notify m	WAS UNDERLYING DING CAUSE OF edicol exominer	21 B. hometc.)	e, form, factory, street, off	or about 21 C. WHERE DID	(If In Balilm	ore City, give exoct locotion)
5	21 D. TIME (A OF INJURY (APPROX.)	Aonth) (Doy) (Yeor)		INJURY OCCURRED Not While At Work	21F. HOW DID INJ	URY OCCUR?	
	22. I certify th	at (1) (this haspital)	ottended th	e deceased from 11	/27/70	19to	/27/70 19
	that (I) (we) la	st saw the deceased	olive on_]	1/27/70	19ond th		olnion death occurred on the date
	and hour and f	ram the causes state	d above. (1)	(We) (dld) (dld not) vl	ew the body ofter deoth.		
	23A, SIGNATURE	elinda	Sis	Attended Phys.	Director L	Shaff Phys.	23B, DATE SIGNED
	PHYSICIAN NAME (Type	KOSaliNO	la S.	SON MONGA	3D. ADDRESS	treat Bal	timore, Md.

REMOVAL (Specify) 25B. NAME-OF REGISTRAN BY HEALTH DEPT. MORTUARY CONTRACTOR 6 DFC16 VS 150-REV. 1/1/6B

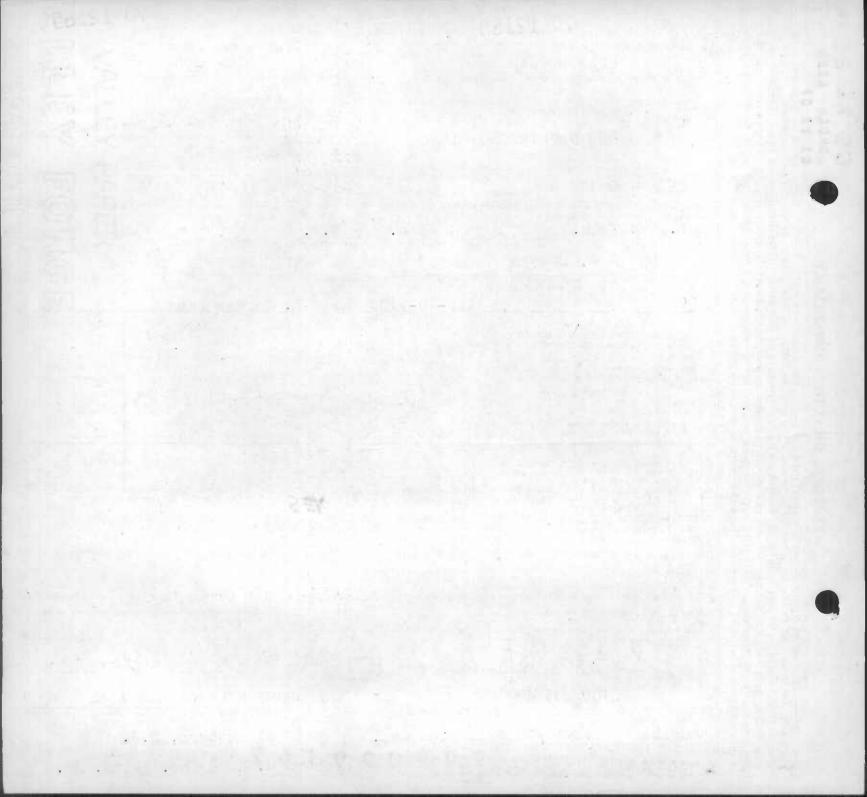


3-635 70 12185 CERTIFICA	ATE OF DEATH REG. NO	TCNOD
BIRTH NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	1
(Type or Print) LEON JORDAN	12-12-70	4.004
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If	institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	NEW JERSEY	11-27
HOSPITAL OR ADDRESS OR LOCATION)	- CITY OR TOWN	SIDE CITY LIMITS?
	Upper Penns Neck Towns	n No X
THE JOHNS HOPKINS HOSPITAL	E STREET AND NUMBER	
	303 COOLIDGE AVENUE	
SEX 6. RACE 7. MARRIED NEVER MARRIED		If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
MALE WHITE WIDOWED DIVORCED	3-13-07	
OA. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRI one during most of working life, even if relited)	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Ret. Lab Tech. Dupont Chem.	N.J.	USA
B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1 001
OSCAR P. JORDAN	MARY G DOUGHTY	
	17. INFORMANT	ADDRESS
es, no or unknown) (If yes, give wor or dates of service) SECURITY NO.		
no 145-10-510	of manager of our dail banks	
18. CAUSE OF DEA	ATH	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Danie Tarin	00-
LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE C. DUE TO OR A		Mager
heart failure, asthenio, etc. It means the disease,	AS A CONSEQUENCE OF:	
injury or complication which coused death.)	- 110 10-0	-0. ()
ANTECEDENT CAUSES (B) (B)	mound is the bluck	00
DISEASES OR CONDITIONS, if only, giving rise to the above cause (A) stoting the	AS A CONSEQUENCE OF	
UNDERLYING CONDITION last. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21B. PLACE OF INJURY (e.g.	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
24 NVV 10 Bladder Turns	723	
	office bldg., INJURY OCCUR?	ore City, give exact location!
DEATH motify medical examiner)		
DEATH Whotify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Not Work At Wo.	hile	
	NOV. 2 19 DU10 D	-6 12 10 1715
22. I certify that (I) (this haspital) ottended the deceased from		19 6
that (I) (we) lost saw the deceosed alive on	19ond that in(my) (our) op	olnion deoth occurred an the dot
and haur and fram the causes stated above. (1) (We) (did) (did nat)) view the body after death.	OOR DATE SIGNED
23A. SIGNATURE	tending Med. Staff **	23 B. DATE SIGNED
Leve h Durausegree PI	hys. Director Phys.	Vec 17 1
23C. PAYSICIAN'S NAME (Type)	23D. ADDRESS	
SEIDO JITSUKAWA	THE JOHNS HOPKINS	HOSPITAL
AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C		City, lown, or county) (State)
Burial 12/16/70 Eglington Cen	Clankshama	NI I
5A. DATE REC'D BY HEALTH DEPT. 25B. NAME QF. REGISTRAR	Clarksboro,	ADDRESS

7FC 16 1970

Robert & Fallen

Leonard J. Ruck Inc. Balto. Md.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be approved the body was released to the ho shows: (1) An accident of any nat was D.O.A. at a hospital (except deceased prior to death); and (6 written approval must be obtain	

BERTH NO. CAUSTA OF DECLASED CANADA PROVED CAUSTA NAME HOUSE OF DEATH 12/13/70 6-138	6-650 70	12180	Y HEALTH DEPARTMENT REG. NO.	70 12186
Content Cont	BIRTH NO.	CERTIFICA	ATE OF DEATH	
A STATE AND NAME TIMOTHY Brown STATES OR CONDITION DESTITATION TO SEASE OR CONDITION DESTITATION STATES OR CONDITION DESTITATION TO SEASE OR CONDITION DESTITATION AND SEASE OR CONDITION DESTITATION TO SEASE OR CONDITION SEASE OR CONTROLLING AND SEASE OR CONDITION SEASE OR CONTROLLING AND SEASE OR CONDITION SEASE OR CONTROLLING AND SEASE OR CONDITION DESTITATION TO SEASE OR CONDITION SEASE OR CONTROLLING AND SEASE OR CONDITION SEASE OR CONTROLLING AND SEASE OR CONDITION DESTITATION TO SEASE OR CONDITION DESTITATION TO SEASE OR CONDITION DESTITATION AND SEASE OR CONDITION SEASE OR CONTROLLING AND SEASE OR CONDITION DESTITATION TO SEASE OR CONDITION SEASE OR CONTROLLING TO SEASE OR CONDI	Type or Print)		2. DATE AND HOUR, OF DEAT	(H
Tincting Prown Deather's Name Tincting Prown Address or Control Derectly Leading of the many displayed or	R. Thornton Brown		12/13/70	6:38 p
DUST AND SOURCE STREET AND NUMBER SEX S. RACE	L PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II	institution: residence before admissio
Mercy Hospital, Inc. C. CITY OR FOWN D. INSIDE CITY UMRIST D. INSIDE CI	THE NAME OF HE NOT IN HOSBY	AL OR INSTITUTOUS COME		01110
Mercy Hospital, Inc. E. STREET AND NUMBER SPACE NO.	OSLITAT OK ADDRESS OR LOCK	AL OR INSTITUTION, GIVE STREET	a City on solve	2148
SEX S. BACE T. MARNED NEVER MARNED S. DATE OF BINTH R. A. OE GA. POOTS Morthly Days House Never Marned Never				
SER S. BACE MARNED NEVER MARRIED S. DATE OF BIRTH P. AGE (By goods and Months) DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED	3 / Mercy Hospi	tal, Inc.	Bal to	YES NOX
SEA				
MARKED P. NEVER MARKED ALSUAL OCCUPATION (Give lind of leveriting) ALSUAL OCCUPATION (Give lind of leveriting	SEX 16 PACE	7		
DIVORCED 2/L/03 67 DALLY DEALER DIVORCED 2/L/03 67 DALLY DEALER DIVORCED DIV	00 RAGE			Months Days Hours Min.
Maryland U.S.A.	M W		2/11/03	
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TIMOTIVE BYOWN West Decembed Ever in U. S. Armed Forces? Timotive Brown Timotive Brown ADDRESS Martha Martin Martha Martin ADDRESS Mrs. Nona Brown Balto. Md. 16. SOCIAL 17. INFORMANT ADDRESS Mrs. Nona Brown Balto. Md. APPROXIMATE INTO MRS. Nona Brown Balto. Md. APPROXIMATE INTO MRS. Mrs. Nona Brown Balto. Md. APPROXIMATE INTO MRS			Mamaland	TY C 4
Timothy Brown Was Deceased Ree in U.S. Armed Firese? SCURIT NO. 215-05-295 Mrs. Nona Brown Balto. Md. CAUSE OF DEATH DISSAS OF CONDITION DIRECTLY LEADING TO DEATH (A)BMAEDIATE CAUSE DIESASES OF CONDITIONS, if ony, giving rise in the above cause (A) stelling the UNDERLYING CONDITION lost. (A)BMAEDIATE CAUSE DIESASES OF CONDITION S. If ony, giving rise in the above cause (A) stelling the UNDERLYING CONDITION lost. (C) DIESASES OF CONDITIONS, if ony, giving rise in the above cause (A) stelling the UNDERLYING CONDITION lost. (C) DIESASES OF CONDITIONS, if ony, giving rise in the above cause (A) stelling the UNDERLYING CONDITION lost. (C) DIESASES OF CONDITIONS, if ony, giving rise in the above cause (A) stelling the UNDERLYING CONDITION lost. (C) DIESASES OF CONDITION IN TAKE (A) DIESASES OF CONDITION OF THE TERMINAL DISEASE OF CONDITION ROWN IN TAKE (A) DIESASES OF CONDITION GRANGER AND THE TERMINAL DISEASE OF OF CONTRIBUTING CONDITION (B) THE TERMINAL DISEASE OF OF CONTRIBUTING CAUSES OF DEATH (C) DIESASES OF CONDITION GRANGER AND THE TERMINAL DISEASE OF OF CONTRIBUTING CONDITION (B) THE TERMINAL DISEASE OF OF CONTRIBUTING CAUSES OF DEATH (C) DIESASES OF CONDITION GRANGER AND THE TERMINAL DISEASE OF OF THE TERMINAL DISEASE OF TH	9			U.S.A.
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DISEASE OK CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g., head foilure, astheria, etc.). If means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLING CONDITION (a). (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN TART. 1 (A). 11 OTHER SIGNIFICANT CONDITION SOLVEN IN TART. 1 (A). 12 OTHER SIGNIFICANT CONDITION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN TART. 1 (A). 13 A ACCIDENT WAS UNDERLYING AUSE OF DEATH (A). 14 A ACCIDENT WAS UNDERLYING AUSE OF DEATH (A). 15 A ACCIDENT WAS UNDERLYING AUSE OF DEATH (A). 16 A DISEASE OR CONDITION GIVEN IN TART. 1 (A). 17 A ACCIDENT WAS UNDERLYING AUSE OF DEATH (A). 18 PLACE OF INJURY (e.g., in or about 21 C. WHERE DID had, of more controlled by the controlled or about 21 C. WHERE DID had, of more controlled by the controlled or and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. 23 A. SIGNATURE A BURIAL CREATION 24 A DATE REMOVAL (Specify 12 / 17 / 70 PARKWOOD CEM. 24 DATE RECO BY HEALTH DEPT. 25 A NAME of PRESS, NAME OF REGISTRAR) 25 A DATE RECO BY HEALTH DEPT. 25 A NAME OF REGISTRAR) 25 A DATE RECO BY HEALTH DEPT. 25 A NAME OF REGISTRAR) 25 A DATE RECO BY HEALTH DEPT. 25 A DATE RECO BY HEALTH DEPT. 25 A DATE REGISTRAR) 25 A DATE RECO BY HEALTH DEPT. 25 A DATE REGISTRAR) 26 A DATE RECO BY HEALTH DEPT. 26 A DATE RECO BY HEALTH DEPT. 27 A DATE RECO BY HEALTH DEPT. 28 A DATE RECO BY HEALTH DEPT. 29 A DATE RECO BY HEALTH DEPT. 29 A DATE RECO BY HEALTH DEPT. 25 A DATE RECORD BY HEALTH DEPT. 25 A DATE				
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21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, give exact lacotion) 21D. TIME (Month) (Day) (Year) (Haue) 22D. TIME (Month) (Haue) (Haue) (Haue) (Haue) 22D. TIME (Month) (Haue) (119A. DATE OF OPERATION 1108 CONE	TION FOR WHICH OPERATION	20A AUTOPSY? (Yes or No.) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED
While At Wark 22. I certify that (I) (this hospital) attended the deceased from	OR CONTRIBUTING CAUSE OF	hame, form, factory, street, of	n or about 21 C. WHERE DID (if In Baltim	are City, give exact lacotion)
While At Wark 22. I certify that (I) (this hospital) attended the deceased from	21D. TIME (Month) (Day) (Year	(Haud 2) E INJURY OCCURRED	215 HOW DID IN HIER OCCUP	
that (I) (we) last saw the deceased alive on 2 (2 19 2 and that in (my) (our) opinion death accurred an and hour and fram the causes stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE Athending Med. Stoff Director Phys. 23C. PHYSICIAN'S NAME (Type) Robert Wilensky. MD A. BURIAL CREMATION. 24B. DATE 24C.NAME of CEMETERY of CREMATORY BURIAL CREMATION. 24B. DATE 24C.NAME of CEMETERY of CREMATORY BURIAL CREMATION. 24B. DATE 24C.NAME of CEMETERY of CREMATORY BURIAL CREMATION. 24B. DATE 24C.NAME of CEMETERY of CREMATORY BURIAL Specifyl 12/17/70 Parkwood Cem. A. DATE REC'D BT HEALTH DEPT. 25B. NAME OF REGISTRAR 25C.FUNERAL DIRECTOR ADDRESS	of mack!	While At Not While		
that (I) (we) last saw the deceased alive on 2 (2 19 2 and that in (my) (our) opinion death accurred an and hour and fram the causes stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE Athending Med. Stoff Director Phys. 23C. PHYSICIAN'S NAME (Type) Robert Wilensky. MD A. BURIAL CREMATION. 24B. DATE 24C.NAME of CEMETERY of CREMATORY BURIAL CREMATION. 24B. DATE 24C.NAME of CEMETERY of CREMATORY BURIAL CREMATION. 24B. DATE 24C.NAME of CEMETERY of CREMATORY BURIAL CREMATION. 24B. DATE 24C.NAME of CEMETERY of CREMATORY BURIAL Specifyl 12/17/70 Parkwood Cem. A. DATE REC'D BT HEALTH DEPT. 25B. NAME OF REGISTRAR 25C.FUNERAL DIRECTOR ADDRESS	22. I certify that (1) (this hospital)	attended the deceased from	19 •0	10
Attending Med. Director Phys. 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) Robert Wilensky MD A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 24C. NAME of CEMETERY of CREMATORY Burial A. DATE REC'D BT HEALTH DEPT. 23B. DATE SIGNED (2 / 3 / 2 / 3 / 2 / 3 / 2 / 3 / 2 / 3 / 2 / 3 / 3	that (i) (we) last saw the deceased	alive on 12 (19	19_20 and that in (my) (our) of	olnion death accurred an the do
Attending Med. Director Phys. 23B. DATE SIGNED 23C. Physician's NAME (Typel Phys. 23D. ADDRESS 24D. LOCATION (City, town, or county) 24D. LOCATION (City, town, or county) 24D. LOCATION Burial 12/17/70 Parkwood Cem. 25C. Funekal Director 25C. Funekal Director ADDRESS ADDRESS ADDRESS 25C. Funekal Director 25C. Funekal Director ADDRESS ADDRESS ADDRESS ADDRESS 25C. Funekal Director ADDRESS ADDR	and hour and fram the causes state	d above. (1) (We) (did) (did not) v	lew the body after death.	
23C. PHYSICIAN'S NAME (Type) Robert Wilensky, MD A. BURIAL CREMATION, 24B, DATE Phys. Director Phys. 23D. Address Mercy Hospital A. BURIAL CREMATION, 24B, DATE Phys. Director Phys. 24D. Location (City, town, or county) Burial 12/17/70 Parkwood Cem. A. DATE REC'D BT HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS ADDRESS	23A. SIGNATURE	1 2 2 2 2		238 DATE SIGNED
23C. PHYSICIAM'S NAME (Type) Robert Wilensky. MD A. BURIAL CREMATION, 124B. DATE 24C.NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) Burial 12/17/70 Parkwood Cem. Balto. Md. A. DATE REC'D BT HEALTH DEPT. 25B. NAME OF REGISTRAR 1 25C. FUNERAL DIRECTOR ADDRESS	1 Collect UNG	MARCY (VVI) Atte		12/13/20
Burial 12/17/70 Parkwood Cem. Balto. Md. A DATE REC'D BT HEALTH DEPT. 258. NAME OF REGISTRAR 1 250 FUNERAL DIRECTOR ADDRESS	23C. PHYSICIAN'S NAME (Typel	DLOREE		(13/20
Burial 12/17/70 Parkwood Cem. Balto. Md. A DATE REC'D BT HEALTH DEPT. 258. NAME OF REGISTRAR 1 250 FUNERAL DIRECTOR ADDRESS	Robert Wilensky. M	DEGREE	Mercy Hospital	
Burial 12/17/70 Parkwood Cem. Balto. Md. A. DATE REC'D BT HEALTH DEPT. 258. NAME OF REDISTRAR 1 2 256. FUNERAL DIRECTOR ADDRESS	REMOVAL (Specify) 248, DATE		MATORY 24D. LOCATION (City, town, ar county) (Statel
		70 Parkwood Cem.	Balto. Md.	
	A. DATE REC'D BT HEALTH DEPT.	SE NAME OF REDISTRAR	125 COFUNERAL DIRECTOR	Appetts
EC 16 1970 Public & Jackey Rd. Leonard J. Ruck Inc. Balto. Md.				

70 12187 BALTIMORE CITY HEALTH DEPARTMENT

9	TCMO	DALIMONE ON FILEACITY DEL ANTIMETT	
A	AFDICAL	EXAMINER'S CERTIFICATE OF DEATH	4

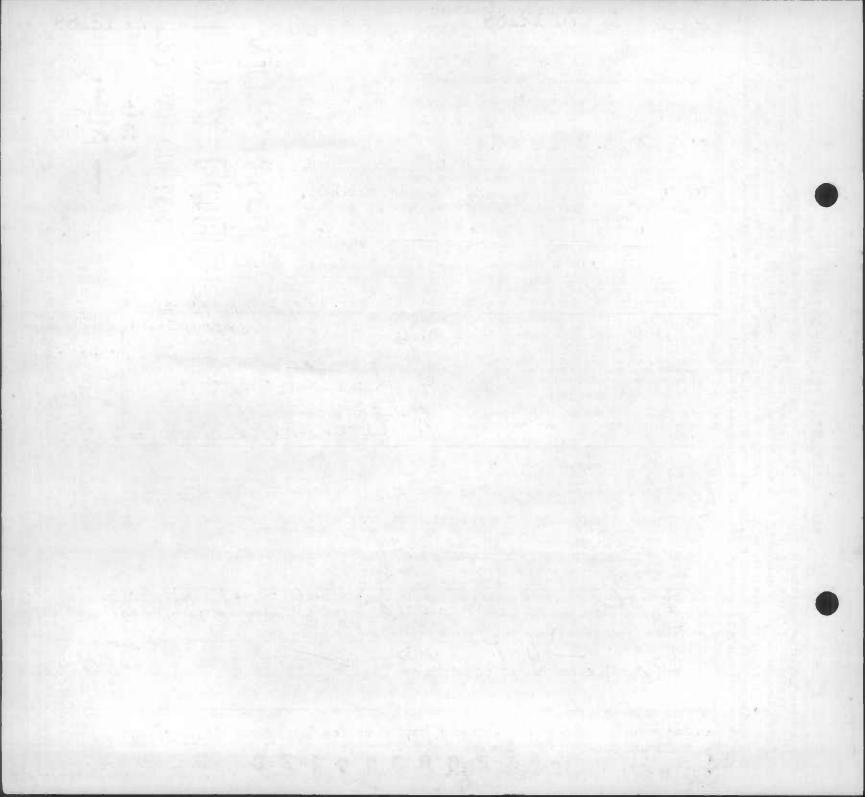
	70	12187
NO		

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	IN TERO!				
BIRTH NO.		Year Hour				
1. NAME OF DECEASED (Type or Print) Crots C. Doniele	2. DATE Known Manth Day OF DEATH Estimated					
Greta G. Daniels 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Yeor Hour				
FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD 12 6	70 /1.25 2				
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution	M.				
City Hospitals	A. STATE Maryland B. COUNTY	0 5300				
6. SEX 7. RACE white 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CI	ITY LIMITS?				
female WIDOWED DIVORCED		ES NO D				
9. DATE OF BIRTH 10. AGE (In years lost birthdoy) 41 W Under 1 Yr. II Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER 1415 Hadwich Dr.					
11, BIRTHPLACE (State of foreign country) 12, CITIZEN, OF	13. FATHER'S NAME	/				
DILLON CO CO WHAT GOUNTRY?	Wermin mills	av				
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	TY 15. MOTHER'S MAIDEN NAME	/				
dane during most of working life, even Krelired)	Meneria Hand	NI				
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	118. INFORMANT	DDRESS				
(Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO.	& minnie H. m.	lla				
19. CAUSE OF DEA	ATH .	APPROXIMATE INTERVAL				
DISTACT OR COMPINON DIPERTIN		BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Shotgun blast of head					
(This does not mean the mode of dying, e.g., DUE TO, OR	AS A CONSEQUENCE OF:					
heart loilure, osthenia, etc. It meons the disease, injury or complication which coused death.)						
ANITECEDENIT CALISES						
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						
(c)		·				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W						
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED	21. AUTOPSY? (Yes or No)				
5		no				
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (o.g.	, In or about 22C. WHERE DID (II in Baltimore City, give exc					
UNDERLYING FOR CONTRIB. home, farm, foctory, street, offi	te bldg, etc.) INJURY OCCUR? 1415 Hadwich Dr.	5300				
UTING CAUSE OF DEATH. Dome Dome						
OF INJURY NO	T WHILE TO THE PARTY OF THE PAR					
(APPROX.) 12 6 70 3:53 am. WORK AT WORK Shot						
I certify that I held on Inquiry Inspection Autopsy and that on this basis, death in my opinion						
resulted from: Natural causes Accident Suicide Homicide Undetermined manner						
CHIEF MEDICAL EXAMINER						
ACTUAL JUNE ASSISTANT MEDICAL EXAMINER DATE SIGNED						
SIGNATURED M.D. EXAMINER'S ASSOCIATE MEDICAL EXAMINER						
NAME (Type) Werner H. Spitz, M.D.	Deputy Chief Medical Examine	r 12/6/70				
24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town	n, or county) (State)				
REMOVAL (Specify). 12/9/70 GREENLAWN CEM. DILLONGCO						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		DDRESS /				
DEC 18 1970 Palent & Fallen 42 0	11:11:	111-				
DEG # A MIA	2 Other same fun	mont storme				
VS 151-REV. 1/1/68	KACZOROWSK! FUNER	AL HUME 2525V				

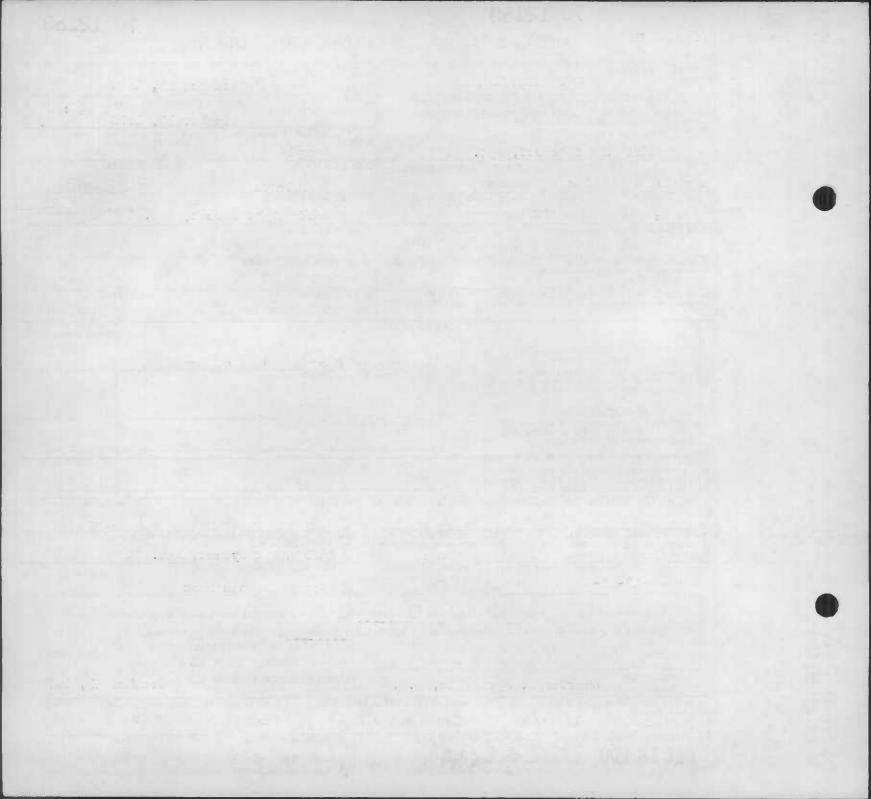
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by the	sital k	re; (2	where	No p	d befo
pe vo.	e hos	y natu	ccept	(9) pu	be obtained before the remains are embalmed or final disposition is made.
appr	to th	of any	al (e)	h); a	pe op
ust be	eased	ident	hospit	o deal	must
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must
ertific	ody w	s: (1) A	D.O.A.	pased p	en ap
This c	the b	show	Was	dece	writt

4-35/ 70 1218	BALTIMORE CITY	HEALTH DEPARTMENT		B0 40408
H-35/	CERTIFICA	TE OF DEATH		70 12188
1. NAME OF DECEASED (Type or Print) LOUISA MARIE	HOTTENBACHER		ber 13, 1970)
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When		stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN: HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland C. CITY OR TOWN		2768
INSTITUTION		Baltimore	D. IINSI	VESXX NO
912 D. Woodson Roa	d	E. STREET AND NUMBER 912 D Woods	on Road	
5. SEX 6. RACE 7. MADD			9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
Female Caucasian 7. MARR		March 31, 1891	79 yrs.	Months Doys Hours Min.
to A. USUAL OCCUPATION (Give kind of work) to B. KIND done during most of working lile, even if retired) Homemaker	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	ign country)	12, CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	none	Germany 14. MOTHER'S MAIDEN NAM	AF	U. S. A.
Moritz Weigand		Sophia Wols	VI E	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (III yes, give wor or dotes of service No	216-46-6350	Mrs. Helen Eva	ns, Same as	AF 4
(This does not mean the mode of dying, the heart foilure, osthenio, etc. It means the disectiniury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, given itself to the above cause (A) staling underlying condition lost. I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	ing (B) DUE TO OR AS (C) OR AS	A CONSEQUENCE OF: LEONSEQUENCE OF: LOSS OF NO.	208. IF YES, WERE F	15-47
Or CONTRIBUTING CAUSE OF DEATH (notily medical examinet)	218. PLACE OF INJURY (e.g., hame, form, foctory, street, o etc.)	ffice bldg., INJURY OCCUR?	(If in Baltimore	e City, give exact location)
OF IN HIEV	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Not Whi	le 📄		
22. I certify they (I) (this haspital) attended that (I) (we) last saw the deceased alive and haur and from the causes stated above 23A, SIGNATURE 23C. PHYSICIAN'S NAME (Type)	(We) (did) (did not)	19 70 and the view the body after death.	ta la	238 DATE SIGNED
REMOVAL (Specify)	DEGREE C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (Ci	ty, town, or county) (State)
Entombment 12-16-700	Lorraine Park Ma	ausoleum Wo	odlawn, Mary	yland
25A. DATE REC'D BY HEALTH DEPT. 258. NAM	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
DEC 16 1970 P. B. S. E. Ja Ben	MA O O O	2 Wn. Cook-Bros	ks Towson,]	1050 York Road Towson, Maryland 2



W-656 MED	DICAL	EXAMINER'S	CERTIFICATE OF DE	ATH REG. NO	70 12109
1. NAME OF DECEASED (Type or Print) CATHER	RINE W	ARNER	2. DATE Known Ma		Year Hour 1970 M.
4. PLACE IN BALTIMORE, MARYLAND,) FULL NAME OF (IF NOT IN HOSPITAL ADDRESS OR LOCAL OR INSTITUTION	AL OR INST	ONOUNCED DEAD	3. DATE MG PRONOUNCED DEAD	cember 12,	1970 P. M
1453 Light Stre			A. STATE Maryland	B. COUNTY	2403
6. SEX 7. RACE		ED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CIT	
Female White 9. DATE OF BIRTH 10. AGE (1	WIDOW	ED DIVORCED HUNDER 24 Hrs.	Baltimore E. STREET AND NUMBER	YE	S X NO [
Oct 9,1904 last blirthde	X	Manths Days Haurs Min.	1453 Light S	treet, Apt.	#1
11. BIRTHPLACE(State or fareign country) Md		2. CITIZEN OF	August Shinde	ele	
14A-USUAL OCCUPATION (Give kind of work dane dueing most of working life, even if retired) HOUSEWILE	148. KIND	OF BUSINESS OR INDUSTR			
16. WAS DECEASED EVER IN U.S. ARMEI			18. INFORMANT	AD	DRESS
(Yes, na ar unknawn) (II yes, give war ar dates	of service)	SECURITY NO.	George G Burrier 1	17 N Meadow	Dr Glen Burnie
heart failure, asthenia, etc. It means thiniury ar camplication which caused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION GIVEN IN PROBLEMS OR CONDITION GIVEN IN PROBLEMS	oth.) Y, GIVING TING THE ONTRIBUTE THE TERMI	(B) DUE TO, OR (C)	AS A CONSEQUENCE OF:		
DISEASE OR CONDITION GIVEN IN P		OR WHICH OPERATION W	AS PERFORMED		21. AUTOPSY? (Yes or No)
0					Yes
22A. EXTERNAL CAUSE WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year (APPROX.) 12-12-70 ?	r) (Haur	Home	In or about 22C, WHERE DID (If In Booking, etc.) INJURY OCCUR? 1453 Light Str. 22F. HOW DID INJURY WHILE X Found in home	occur	t location)
ACTUAL SIGNATURE	3]	Inspection Au Accident Suicion 2 M.C. oringate, M.D.	Homicide W Unde	INER 🖾	DATE SIGNED mber 13, 1970
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 12/17	/70	Glen Haven		AMON (City, lawn, Burnie AA (or county) (State)
DEC 16 1970 Reserved	258. N/	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	4.130E	Root and



1	S-460 TO 12190 CERTIFICA	TE OF DEATH REG. NO. 70 12130
(Ту	NAME OF DECEASED, THE OF PRINTING GILER	2, DATE AND HOUR OF DEATH
FU	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD JUL NAME OF OSSITTAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION). STITUTION CONGRESS OR LOCATION. AUGUST, Home	A. USUAL RESIDENCE (Where decessed lived, If institution: residence before odmission) A. STATE B. COUNTY D. INSIDE CITY LIMITS? YES NO E. STREET AND NUMBER
5. S	SEX 6. RACE 7. MARRIED NEVER M	1114
13.	FATHER'S NAME Wiftings	14. MOTHER'S MAIDEN NAME
15. (Ye:	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or doles of service) 26-50-3578	17. INFORMANT LETT 964 607 CONDAUS.
	injury at complication which caused death.) ANTECEDENT CAUSES	A CONSEQUENCE OF:
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (1). 199A. DATE OF OPERATION 199R. CONDITION FOR WHICH OPERATION WAS PERFORMED	TONIC SCHIZOPHRENA 1968 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
-0	OR CONTRIBUTING CAUSE OF DEATH (notity medical examines) 218. PLACE OF INJURY to.g., in home, form, foctory, street, of etc.)	
Ö	21D. TIME (Month) (Doy) (Yeor) (Hous) 21E INJURY OCCURRED While At Not While At Work At Work	21F. HOW DID INJURY OCCUR?
	pegage Phys	nding Med. Staff 23B. DATE SIGNED 25B. DATE SIG
24A	Dr. Richard Tyson M.D. DEGREE BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	936 W. North Avenue Balto. Md. 21217 MATORY (Stole) (Stole)

Admitted To Spring Grove H. 3/18/69 and released to Geo Washington N.H 7/8/20 Address 5/3 Girard St. Havre de Grace.

24C. NAME of CEMETERY or CREMATORY

Jien Haven

258. NAME OF REGISTRAR

24D, LOCATION

25C. FUNERAL DIRECTOR

(City, town, or county)

ADDRESS

(Stote)

Glenburni

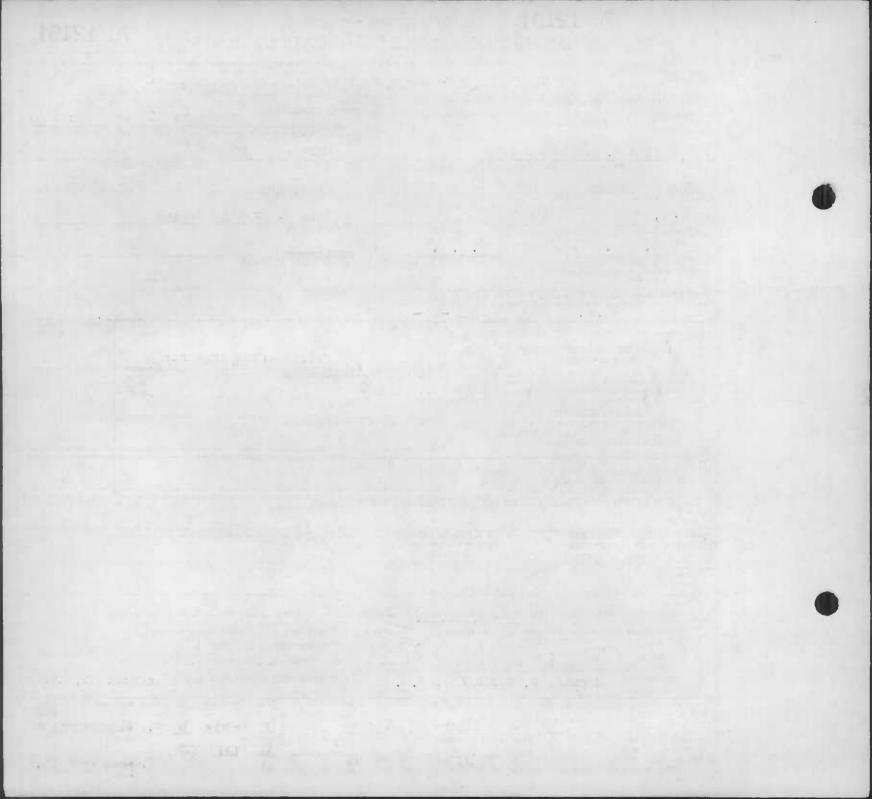
24A. BURIAL CREMATION,

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

VS 151-REV. 1/1/68

24B. DATE



	DEN 70 12	192 BALTIMORE CITY	HEALTH DEPARTMENT		70 12192				
	7-500		TE OF DEATH	REG. NO					
	RTH NO.								
	rpe or Print)	yne	2. DATE ANI	HOUR OF DEATH	1438 PM				
3.	PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceosed lived, If in	stilution: residence before admission				
H	ULL NAME OF OSPITAL OF ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	Bal Bal	timore	2553				
179	Unio, of Manylon	d.	2009 Balt.	more	YES NO P				
	225. 9 Reen St.		E. STREET AND NUMBER	ffiss A	11.0				
5.	SEX 6. RACE 7. M	ARRIED NEVER MARRIED		. AGE (In years	If Under 1 Yr., If Under 24 Hrs.				
	Male White with	OOWED DIVORCED		ost birthday)	Months Doys Hours Min.				
10/	A. USUAL OCCUPATION (Give kind of work 10 B. I	CIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n Countryl	12. CITIZEN OF WHAT COUNTRY?				
	Printer	Printer.	Md.		USA				
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	IE 31					
	John L. Payne		Virgin	ia Jo.	hnson.				
(Ye	Was Deceased Ever in U. S. Armed Forces? s.no or unknown) (If yes, give wor or dates of s		Norma O. Pa		Griffis Avenue				
	NO	213-34-6213	Nohr J.	rayne	some.				
	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
	LEADING TO DEATH								
	(This does not mean the mode of dying, e.g., heart loiture, asthenia, etc. It means the disease, injury ar camplication which caused death.) (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (B) CAUSE (A) IMMEDIATE CAUSE (B) CAUSE (CAUSE) (CAUSE)								
	(B) Lekepa a Vascular /tllident 3 days								
	DISEASES OR CONDITIONS, il ony, giving tise to the obove couse (A) stating the UNDERLYING CONDITION lost. DUE TO, OR AS A CONSEQUENCE OF: (C)								
	The state of the s	, (C)							
TION	OTHER SIGNIFICANT CONDITIONS CONTRIB	JIING							
4	TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A)								
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED				
CAL CEI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or about 21C. WHERE DID	(If In Boltimare	City, give exoct locotion)				
ED	21 D. TIME (Month) (Doy) (Year) (Hou	1) 21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?					
3	(APPROX.)								
	22. I certify that (I) (this haspital) atte	nded the deceased from	12/2 19	2010	12/11/1970				
	that (1) (we) last sow the deceased alive on 17/2 and that in(my) (our) opinion death occurred on the date								
	ond hour and fram the causes stated obave. (1) (We) (did) (did not) view the body ofter death. 238. DATE SIGNED								
,	Richard W. Markey M.O. Attending Med. Stoff P. 17-11/30								
	23C. PHYSICIAN'S NAME (Type)	DECKEE	3D. ADDRESS	nys. —	11				
244	BURIAL CREMATION, 1248, DATE	Mellinger. DEGREE	Univ. of	nud.	Hosp.				
	Burial 12-14-70	Meadowridge Cen			r, town, or county) (Stote)				
		IAME OF REGISTRAR	25C FUNERAL DIRECTOR	ridge, Mary	ADDRESS				
1	FC1619M RABE 3	Ben May 0 0	21.9 1 7 4	eral Chane	1-4600 Liberty Hts				
VS	150-REV, 1/1/68	7.2	- I Turney	crar Onape	T TOOU THEFT TY III'S				

Early Produced and a second and

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	

R	10		BALTIMORE CIT	Y HEALTH DEPARTMEN	NT .				
1.32	2 70	1219	3 CERTIFICA	ATE OF DEAT	H REG. NO	70 12193			
BIRTH NO.	CEASED	***			TE AND HOUR OF DEAT	н			
Type ar Print)	DAVID RIT	rzes -		DE	CEMBER 11, 19	70 3:30 P,			
B. PLACE IN BA	ALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived. It	institution: residence before admission			
FULL NAME OF	F (IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	MARYLAND		2831			
NSTITUTION	ADDRESS OR LOCA	ATION)		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?			
PALL	MALL NURSING H	HOME		BALTIMORE YES NO					
97				E. STREET AND NUME					
SEX	6. RACE	7. ALADDIED	X NEVER MARRIED	6628 VINC	9. AGE (In years	If Under 1 Yr It Under 24 Hrs			
MALE	WHITE	WIDOWED			lost birthdoy)	Months Days Haurs Min.			
	CUPATION (Give kind of world			Y 11. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNTR			
	of working life, even if retired)	CI.	IOD	PLIGGTA					
TAILO		SE	IOP	RUSSIA	J N A AA F	USA			
UNKNO				UNKNOWN					
	ed Ever in U. S. Armed For	?	1 6. SOCIAL	17. INFORMANT		ADDOFFE			
es, no or unknow	(If yes, give wor or dote	es of service)	SECURITY NO.	17. INFORMANT		ADDRESS			
NO			215-09-9383 CAUSE OF DEA		RITZES, XX 571	8 RANNY ROAD #21209			
rise la l	OR CONDITIONS, if he abave cause (A) NG CONDITION lost.		(C)	S A CONSEQUENCE OF:					
TO THE DEA DISEASE OR 19A. DATE O	IFICANT CONDITIONS CO ATH BUT NOT RELATED TO T CONDITION GIVEN IN POPERATION 198. CON WAS PER	HE TERMINAL RT 1 (A). IDITION FOR Y FORMED		20 A. AUTOPSY? (Yes	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?			
OR CONTRIE	ENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner)	l 218 horr etc.	ne, farm, foctory, street,	in or about 21 C. WHERE D affice bldg., INJURY OCCU	ID (If in Baltim	ore City, give exact location)			
21 D. TIME OF INJURY (APPROX.)	JURY WEIL AL NIL WEIL								
22. I certify that (I) (this haspital) attended the deceased from Sept 1969 to Dec 1970									
that (1) (we	e) last saw the decease	ed alive an	12/10	1970 01		pinian death occurred on the da			
and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the body ofter death.									
23A. SIGNAT	URE	101	2/1			23B. DATE SIGNED			
1	Homos	16/6	ahal DEGREE Ph	ys. Med. Director	Staff Phys.	12-12-20			
23C. PHYSICI NAME (ANS (Type) DANIEL	BAKAL		3600 LOCHE	ARN DR.				
4A. BURIAL CR	EMATION, 24B. DATE	In an Al	AME of CEMETERY of CI		D. LOCATION (

250 FUNERAL DIRECTOR ADDRESS SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD DEC 16 1978 Real Prince DEC 16 1978 VS 150-REV. 1/1/68

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

1 :35		HEALTH DEPARTMENT	70 12194
BIRTH NO. 70 .	12194 CERTIFICA	TE OF DEATH REG. N	0
I, NAME OF DECEASED		2. DATE AND HOUR OF D	HAS
(Type or Print) ANNA CRE	SSIN	Dogomber	11,1970 10:45 6
3. PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased live A. STATE B. COUNTY	d. Af institution residence before admission
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET		D. INSIDE CITY LIMITS?
5108 QUEENSBERRY AVEN	UE	BALTIMORE E. STREET AND NUMBER	YES NO NO
00		5108 OUEENSBERRY	AVENUE
6. SEX 6. RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In year	
FEMALE WHITE	WIDOWED DIVORCED	MARCH 28, 1907 63	Min.
OA. USUAL OCCUPATION (Give kind of work) (and during most of working life, even if retired)	DB. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTR
SALESWOMAN	STEWARTS	BALTIMORE, MARYLAND	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
MORRIS GOLDFARB		ADA ?	
5. Was Deceased Ever in U. S. Armed Force Yes, no or unknown) (If yes, give wor or dates	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	215-22-5194	MRS. SELMA SAIONTZ, 42:	22 NADINE DRIVE #2121
DISEASES OR CONDITIONS, if an itse to the above cause (A) s UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTITUTE DEATH BUT NOT RELATED TO THE	TRIBUTING	rly Orfumler	
DISEASE OR CONDITION GIVEN IN PART	TION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20B. IF YES,	WERE FINDINGS CONSIDERED IG CAUSES OF DEATH?
WAS PERFO	RIVIED	III CERTITIO	CAUSES OF DEATH:
OR CONTRIBUTING CAUSE OF DEATH (notify medicat examinet)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID (If in E ffice bidg., INJURY OCCUR?	oltimare City, give exoct locotian)
21D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)	(Hour) 21E. INJURY OCCURRED While At Not While At Work		
22. 1 certify that (1) (this hospitol)	ottended the deceased from G	ct 14/69 19 to	Dee 11 1970
that (1) (we) lost sow the deceased	olive on dee 11	19.) ond that in (my) (or	e) opinion deoth occurred on the do
and hour and from the couses state	d obove. (I) (did) (did) (did)	riew the body ofter deoth.	
1 sulare Of	flefto DEGREE Phy	ending Med. Shaff Director Phys.	23B. DATE SIGNED
28C. PHYSICIAM'S NAME (Type) WILLARD		23D. ADDRESS 6615 REISTERSTOWN RO.	AD
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (Stoto)
BURIAL (Specify)	HEBREW YOUNG ME	N BALTIMORE,	MARYLAND
DEC 1 8 1078 2	5B. NAME OF REGISTRAR	SOL LEVINSON & BROS.,	6010 REISTERSTOWN ROA

VS 150-REV. 1/1/6B

Such

BALTIMORE CITY HEALTH DEPARTMENT	70 40405						
70 12195 CERTIFICATE OF DEATH	70 12195						
BIRTH NO.							
1. NAME OF DECEASED 2. DATE AND HOUR OF DEA (Type or Print) DECEMBER 10 1							
DR. GILDERI W. ROSENITAL DECEMBER 10, 1							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, I A. STATE B. COUNTY	It institution; rosidence before admission)						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARY LAND C. CITY OR TOWN	NSIDE CITY LIMITS?						
PALTIMORE	YES NO						
7241 PARK HEIGHTS AVENUE							
7241 PARK HEIGHTS AV							
5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (th years lost birthday) 79 79	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.						
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?						
PHYSICIAN MEDICINE BALTIMORE, MARMLAND	USA						
13. FATHER'S NAME							
ISAAC ROSENTHAL RANCES WHITE							
15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT 17. INFORMANT 17. INFORMANT 18. SECURITY NO. 17. INFORMANT 18. SECURITY NO. 1	ADDRESS						
YES W.W. I ARMY 213-34-4833 MRS. ROBERTINE ROSENTHAL	, 7241 PARK HGHTS, AV						
18. APPROXIMATE INTER BETWEEN ONSET AND							
(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE OF ONCE OF The Sufficie	ucy 2 years						
(This does not mean the mode of dying, e.g., DUETO, OR AS A CONSEQUENCE OF: heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)							
ANTECEDENT CAUSES (a) Gluerales of arterioschroses 5 years							
(0)	Zes O Teac						
DISEASES OR CONDITIONS, if any, giving DUE 10, OK AS A CONSEQUENCE OF: rise to the above cause (A) stating the ' UNDERLYING CONDITION last. (C)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING STORE TO THE DEATH BUT NOT RELATED TO THE TERMINAL	1 yeurs						
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?						
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Bolt OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) (If in Bolt etc.)	, in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?						
21D. TIME (Month) (Doy) (Yeor) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
S OF INJURY (APPROX.) While At Not While							
WORK AT WORK	500 100 171						
22. I certify that (1) (this hospital) attended the deceosed from 19 (6 to 1	Dec 10 1976,						
that (I) (we) last saw the deceased alive an 19.70 and that in (my) (our)	apinian death accurred an the date						
and haur and fram the causes stated obove. (1) (We) (did) (did not) view the body after deoth.							
23A. SIONATURE	23B. DATE SIGNED						
Attending Med. Stoff Phys. Director Phys.	12-11-10						
23C. PHYSICIAN'S 23D. ADDRESS							
NAME (Type) R. DONALD JANDORF 7403 HARFORD ROAD							
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION	(City, town, or county) (State)						
CREMATION 10-15-70 LOUDON PARK BALTIMORE, N							
25A DATE BEC'D BY HEALTH DEPT. 25B NAME OF BEGISTRAR. 25C. FUNERAL DISPECTOR	10 REISTERSTOWN ROAD						
DEC 16 1970 328 & Valley 124	TOTAL TOTAL						

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CE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEA		Dec	ember //, /	070.	11 . 500			
	D	14. USUAL RESIDENCE (W	here deceased lived If	institution: resi	dence befare admission)			
AME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION)	STREET	Maryland C. CITY OR TOWN	ONT	2	005			
529 S. Smallwood Street	-	Baltimore D. INSIDE CITY LIMITS?			-			
Baltimore, Maryland	E. STREET AND NUMBER 529 S. Smallwood Street							
6. RACE 7. MARRIED X NEVER M	ORCED	8. DATE OF BIRTH 9-10-1906	9. AGE (In years last birthday)	II Under 1 Manths: D	Yı. Il Under 24 Hıs. ays Hous Min.			
JAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS Of ing most of working life, even if relited) red Operator	DR INDUSTRY		reign country)		N OF WHAT COUNTRY			
HER'S NAME		Maryland 14. MOTHER'S MAIDEN N	AAAF	U	.S.A.			
George T. Rice		Charlo						
Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY	Y NO.	17. INFORMANT		A	DDRESS			
	4-3580	Mr. Walter J.	Reed, 529 S	. Small	wood St. 212			
la the abave cause (A) stating the DERLYING CONDITION last. (C) [1] ER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE TERMINAL	Cler	A CONSEQUENCE OF: Lites	l't		20 yrs			
ASE OR CONDITION GIVEN IN PART I (A). DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	ATION	20A. AUTOPSY? (Yes at I	Na) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CO	ONSIDERED ATH?			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nosily medical examine) 21B. PLACE OF INJURY (e.g., in at about 21C. WHERE DID home, locally, give exact locally medical examine) (I in Baltimare City, give exact locally medical examine)								
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Wark At Wark								
22. I certify that (1) (the harpite) oftended the deceased from Mary 19 1960 to December 1970								
that (1) (we) last sow the deceased olive on 24 Novembro 19 70 and that in (my) (eur) opinion death accurred on the date								
ond hour and from the couses stated obove. (1) (We) (dld) (dld not) view the body ofter death.								
SIGNATURE HILA		91		23B, DATE S	IGNED			
P. J. Daylus, M.	Med. Director	Staff Phys.	14 1	Jee 70				
PHYSICIAN'S NAME (Type) Herman H. Baylus		1600 Wilkens	Avenue, Balt	to., Md				
RIAL CREMATION, 248. DATE 24C. NAME of CEME	TERY OF CREA	MATORY 24D.	LOCATION (Ci	ity, town, or co	ounty) (Stote)			
AOVAL (Specify)								

PER TANAL MA the second of the second of the second of the second of F. B. Bullion and uch eath. D prior mad disposition or final med

cause; (5) Deceased

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contributing cause

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(2) Body the

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(1) An accident

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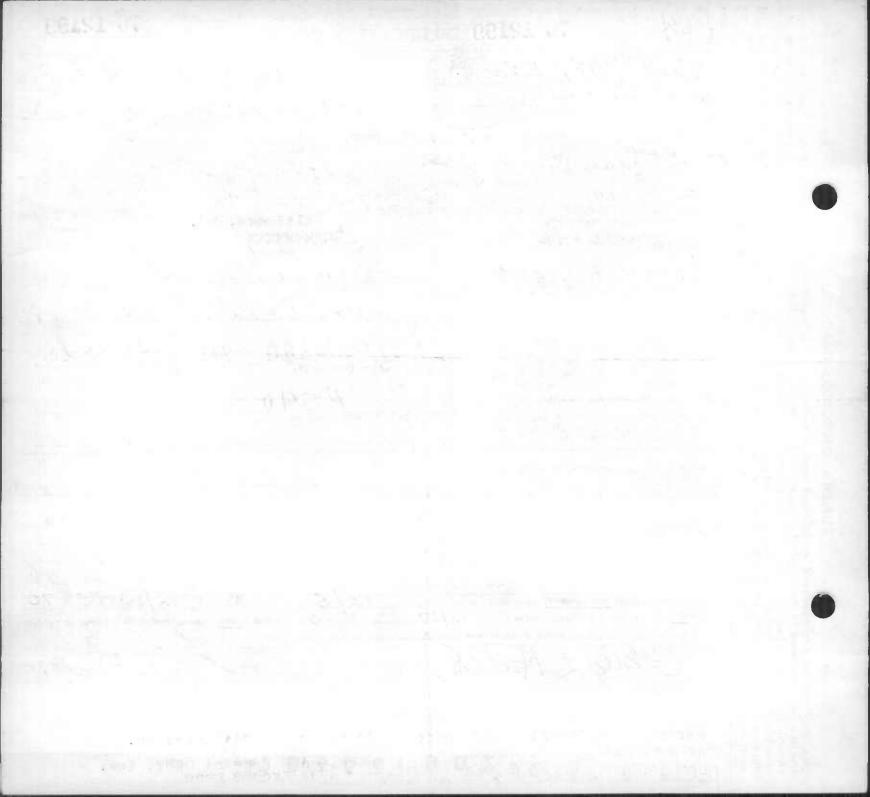
BALTIMORE CITY HEALTH DEPARTMENT 70 12197 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo FINNEGAN. FRANCIS JOSEPH DECEMBER 13. 1970 3. PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED DEAD 4. USUAL RESIDENCE (Where decoosed lived, Il institution: residence belore admission)
A. STATE B. COUNTY attendance FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS? ST AGNES HOSPITAL BALTIMORF YESXX NO CATON & WILKENS AVENUES E. STREET AND NUMBER BALTIMORE MARYLAND 23 WILKENS AVENUE regular 5. SEX deceased 9. AGE (In years Il Under 1 Ya. Il Under 24 Hrs. ost birthday MALE WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) MACHINIST RAILROAD MARYLAND U.S.A. 0 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown KATHERINE KAUFMAN LO 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or doles of servical 6. SOCIAL 17. INFORMANT , MD 2122 PRESS BALTIMORE attendance SECURITY NO. WW 'RECORDS CATON & WILKENS AVES CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY acety bleat failure I hrs LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meen the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, mbalı DUE TO, OR AS A CONSEQUENCE OF: gular injury or camplication which caused deoth.) greation for abdominal annual ANTECEDENT CAUSES 0 9 are DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF rise to the above cause (A) stoting the before the remains UNDERLYING CONDITION last physician was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED abdonisal 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g. in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Boltimoro City, give exoct location) pt where (6) No CAL DEATH (notify medical exemined MEDIC obtained 21 D. TIME (Doyl (Year) (Houst 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? [APPROX.] and 22. I certify that (1) (this hospital) attended the deceased from DECEMBER leath); that (X) (we) last sow the deceased alive on DECEMBER 13 and that In (aur) apinian death occurred on the date ...19.... and hour and from the causes stated above. XIX (We) (did) (A) () view the body ofter death. must 23A. SIGNATURE 70 238, DATE SIGNED Attending 1mm Smhy 0 Med. Med. 12,13.70 approval prior 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) ST. AGNER HOSPITAL BAZTO, MD MUANGSOMBUT JESFDA 24A. BURIAL CREMATION, 248. DATE eceased 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) written 12-16-70 Loudon Park Cemetery Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 255 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Avenue. VS 150-REV. 1/1/68

항상 및 1 ... 보다는 그리는 안생들이다. ... 변화기 보다 보다 다 하는 것이 되었다. ... 사람이 되다. Carry and the second of the se

	C.200		70 1	21.98	BALTIMORE	CITY HEALTH DE	PARTMENT		70 1	21.00	
	BIRTH NO.				CERTIFIC	CATE OF	DEATH	REG. NO.	10 1	TOWNS OF	
	1. NAME OF DE		Cla	ra	Caskey SIC G	EY	2. DATE	AND HOUR OF DEAT	н	1 // /	1
	3. PLACE IN BA	LTIMORE, MA	RYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL R	ESIDENCE (W	here deceased lived; if	institution:	residence before odn	oission)
-11	FULL NAME OF HOSPITAL OR INSTITUTION	OSPITAL OR ADDRESS OF LOCATIONS					rary(m	nd.	ICIDE CIDI	20	3
	1/05.	Balk.	nore	Gener	al lospo		Bal	timore D. IN	VES T		
		h Balti	more Ge	eneral	Hospital /	E. STREET A	ND NUMBER	South Dalla		^1	_
	Fem Ae	6. RACE	White	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF 10-24-	-22	9. AGE (in years lost birthdoy)	If Und Months	Doys Hours	24 Hrs. Min.
6	IOA, USUAL OCC	Working life, ev	e kind of work en if retired)	108, KIND OF	BUSINESS OR INDUS	TRY 11. BIRTHPLA	CE (State or fo	reign country)	12. CIT	ZEN OF WHAT CO	UNTRY?
	Product 3. FATHER'S NA			Carr Lo	wery Glass (10. M	d. Mar	yland		WSAA.	
		(Wi		. Raiti	it	14. MOTHER	S MAIDEN N	a Rissler	2:0		
100	5. Was Deceased Yes, no or unknown No	l Ever in U. S	Armed Force	es? of service)	SECURITY NO.	17. INFORMA		rence (the	ybans	10 11 01	alla St
	18. DISEA:	SE OR CONI		CTLY	CAUSE OF DE			. /.		APPROXIMATE INTE	RVAL DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,										
	ANTECEDENT CAUSES Secondary to Pyelonephritis										
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:										
	rise to the	e abave c G CONDITIO	ouse (A)	sloling The	(c) Sec	onday I	o Rod	ration fil	بردوره		
	OTHER SIGNIF	ICANT COND	TIÓNS CON	TRIBUTING	Se	corday	- L- Ro	adiation (herap	, 2	
		ONDITION GI	VEN IN PART	1 (A).	HICH OPERATION		CA	Cervix		LT	
CEDVICE	0		WAS PERFO	RMED		No		IN CERTIFYING C	FINDINGS AUSES OF	CONSIDERED DEATH?	
14.2	OR CONTRIBU	ITINGI ICAU	SEOF	21 B, home etc.)	PLACE OF INJURY (e., farm, foctory, street,	office bldg., INJU	WHERE DID	(II in Boltimo	ore City, giv	e exact location)	-
AARDI	OF INJURY (APPROX.)	(Month) (Do	oy) (Yeoi)		INJURY OCCURRED Not W	hile —	HOW DID IN	JURY OCCUR?			
	22. I certify	that (1) (this	s hospital)			illant	77.	10	10411		-
		22. I certify that (1) (this hospital) attended the deceased from 1/20/77. 19 to 19/70 in that (1) (we) last saw the deceased alive an 1/11 19/70 and that in(my) (our) apinion death accurred an the dote									
	and have and	and haur and from the causes stated aboye, (1) (We) (did not) view the hady after death									
	23A. SIGNATU	RE C	fale	12/					238, DAT	E SIGNED	
	23C. PHYSICIA	Attending Med. Shoff Director Shoff Director Dir									
	NAME (I)	ALS.	HA SI	MJE	E.	S-Ba	et. Ge	end Hosp	rital	Mh 212	30_
24	REMOVAL (S	pecify)	DATE		ME of CEMETERY of				ily, town, o		ole)
25	Burial A DATE REC'D		12-15-7		Dak Lawn			Baltimore, 1	Maryla	nd	
N	C16 197	10 Vale	& E. 3	SB. NAME OF	REGISTRAR		Dada (7922 Wise A	ye. Du	ndalk, Md.	
VS	150-REV. 1/1/6	8									

I distributed and not too too by the company of the

11					The second secon	
BALTIMORE CITY HEALTH DEPARTMENT 70 12199 CERTIFICATE OF DEATH REG. NO. 7				70 12199		
	RTH NO. /	CERTIFIC				
(1	NAME OF DECEASED VARACALLE TO THE PROPERTY OF THE PROPERTY O	M.		ND HOUR OF DEATH	1150	
3	PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived. Il ins	titution: residence before admission)	
II É	ULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	md you	THI Does	So Balon.	
li	ISTITUTION ADDRESS OF ECCATION)	27th. D	C CITY OR TOWN	D. INSIC	DE CITY LIMITS?	
117	1 0 00 10	4/4/10	E. STREET AND NUMBER	ce	YES NO	
化	orth Karley Sen.	Hory. St.	407 N. B	ese ST.	602	
5.	F (11.	RIED NEVER MARRIED	9 2/02	9. AGE (In years last birthday)	II Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.	
10	A. USUAL OCCUPATION (Give kind of work 10B, KIN ne during most of working life, even if retired)	DIVORCED DIVORCED DIVORCED	RY 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY	
do	House (Johnson of the desired)		9kvvvvvv	ore, Md.	The straight of Wilking	
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	yre .		
	Oscar Hungel	1)	man a pri	CH	1	
15. (Y	Was Deceased Ever in U. S. Armed Farets? s,no or unknown) (II yes, give wor ar dotest at serv	icel 16. SOCIAL SECURITY NO.	17. INFORMANT	VFIEXXC	ADDRESS	
			mary Var	really	3050 F5801 R	
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DE	ATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	LEADING TO DEATH	(A) IMMEDIATE C	Alle Tossilele	MI	12 8	
	heort failure, osthenio, etc. It means the disease.					
	ANTECEDENT CAUSES	*	ASILA			
	DISEASES OR CONDITIONS, if any, gi	ving (B)	AS A CONSEQUENCE OF:	*************		
	rise to the above couse (A) stoling UNDERLYING CONDITION last.	the (C)				
_	II .	\\\(\mathrea{\sigma}_{\sigma}\)		***************************************		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG NAL				
FICA	19A. DATE OF OPERATION 19B. CONDITION F	************	20A. AUTOPSY? (Yes or No	20B, IF YES, WERE FIL	NDINGS CONSIDERED	
CERTIFIC	WAS PERFORMED			IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?	
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF DEATH (notily medical examine)	218. PLACE OF INJURY (e.g. home, larm, lactory, street, etc.)	olfice bidg., INJURY OCCUR?	(II in Baltimare	City, give exoci lacation)	
MEDI	21D. TIME (Manth) (Doy) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
<	(APPROX) While At Not While At Work					
	22. I certify that (I) (this hospital) attended the deceased from 12/5 19 70 to 12/10 19 70					
	that (1) (we) last saw the deceased alive		19 70 and the	it In (my) (our) opini	on deoth accurred on the dote	
	and haur and fram the causes stated obav	s. (1) (#e) (dld) (dld not)	view the body ofter death.	_ lo	28 DATE SIGNED	
	Thelly I sta	C4 / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	thending Med.	Shaff Phys.	10 7 or 1920	
	23C.PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS	rnys, and	10 000	
24/	BURIAL CREMATION, 248. DATE 249	C. NAME of CEMETERY OF C				
	REMOVAL (Specify)	Holy Redeeme:		Baltimore,	tawn, or county) (State)	
25/		ME OF REGISTRAR				
1	EC 16 1970 Page & Feb.	En 220.	2 Schimunek Ru 3331 Brei	uneral Home	e, Inc.	
VC	160 DEV 1/2/60			Devise .		



	5-552			HEALTH DEPARTMENT	200	20 4000
ВТ	RTH NO.	70	12300 CERTIFICA	TE OF DEATH	REG. NO	70 12300
(T)	Pe or Print)	JOHN	SIMUNEK	Dec	. 10, 1970	11:20 a.
	JLL NAME OF OSPITAL OR		HERE PRONOUNCED DEAD	Md.	here deceased lived. If in	nstitution: residence before admissional
IX	House in the Pines Belair Road			C.CITY OR TOWN Baltimore E. STREET AND NUMBER		YES NO NO
1				906 Trinity St.		
5.	male 6.R	white	7- MARRIED NEVER MARRIED NUMBER MARRIED DIVORCED	8. DATE OF BIRTH 5/9/99	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
1001	ne during most of Workin	ng lite, even it relired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stole or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
13.	Carpente FATHER'S NAME	er	self-employed	Baltimore,		
		seph Simu	nek	Catherin		
15. (Ye	Wos Decoosed Ever s, no or unknown) (If y	in U. S. Armed For res, give wer or dete	16. SOCIAL SECURITY NO. 212-14-2376A	Antoinette	x Hauer,si	ADDRESS ster,3010Woodrin
	(This does not mean failure, ashining or camplication) ANTE	DING TO DEATH nean the mode of enia, etc. If means lion which caused CEDENT CAUSES CONDITIONS, if cove cause (A) ONDITION last	the disease, death.) (B) Clin. DUE TO, OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF:	Colon	webs.
CATION	TO THE DEATH BU	T CONDITIONS CONTINUES TO THE TOTAL PARTITION GIVEN IN PARTITION GIVEN GIVE	IE TERMINAL COWS COM	gotostray Pedal a	***************************************	
ERTIFIC	198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
CALC	21A. A CCIDENT WAS UNDERLYINO 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?					
MEDI						
	22. I certify that (1) (this hespital) attended the deceased from 12/1/19/20 to 12/10/19/20 that (1) (we) last saw the deceased alive on 12/10/19/20 and that in (my) (que) apinion death occurred on the date and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death.					
	23G. PHYSICIAN'S NAME (Type)	Dr. Albo	DEGREE Phys.	3D. ADDRESS	Shoff Phys. Belair Ros	238, DATE SIGNED, 12/11/70
24A	BURIAL CREMATION REMOVAL (Specify Burial	ON, 248. DATE	24C. NAME of CEMETERY OF CREE	MATORY 24D.		ly, town, or county! (State)

Gardens

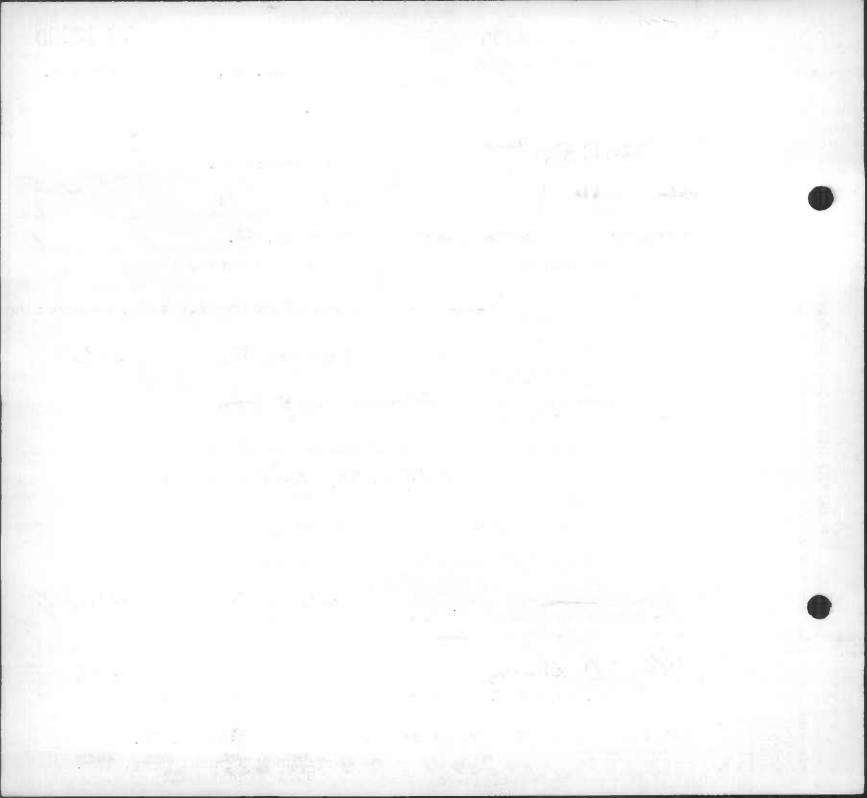
258. NAME OF REGISTRAR

25A. DATE REC'D SY HEALTH DEPT.

VS 150-REV. 1/1/68

1

24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) of Faith Baltimore, Md. 25C FUNERAL DIFECTOR FUNERAL HO 3331 Brehms Lane Funeral Home,



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

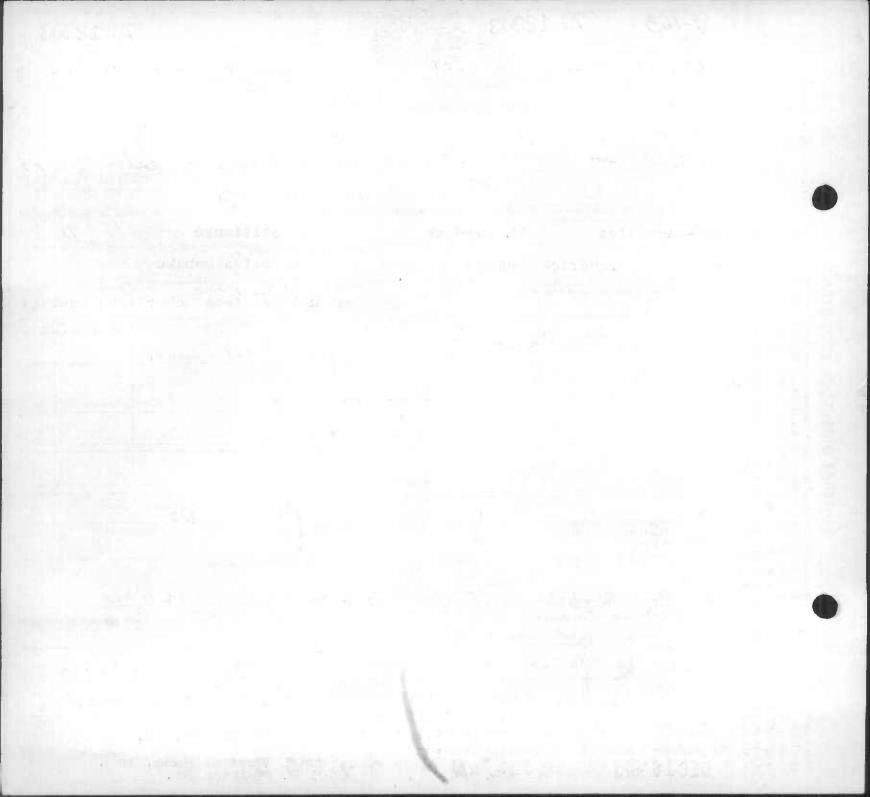
MAC CAST NO. THANKE OF DICKASTO CHARLE OF DI	CERTIFICATE OF DEATH	123911				
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C. CITT OR TOWN (If outside thy limits, write BURAL and give to Affinship)		belore odmission)				
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S. SER S. BACE P. MABRIED, NEVER MARRIED D. DATE OF BIRTH P. ACT S. Get in years Months D. M.	579 NI ELLWOOD AVE	509 NI ELLWOOD AVE				
10. USUAL OCCUPATION (Give kind of wash 100, RIND OF BUSINESS OR INDUSTRY 1), BIRTHPLACE (slote or foreign country) 12. CHIZEN OF WHAT COUNTRY) 13. FATHEES NAME WILLIAM Abbey LAURA SCHAFFEY 14. MOTHEES MADIEN NAME LAURA SCHAFFEY 15. WOR Deceased Eve in U. S. Amena Forces? 16. SOCIAL YND. 17. INFORMANT (Nee Brodsky) ADDRESS 18. WOR Deceased Eve in U. S. Amena Forces? 16. SOCIAL YND. 17. INFORMANT (Nee Brodsky) ADDRESS 18. WOR Deceased Eve in U. S. Amena Forces? 16. SOCIAL YND. 17. INFORMANT (Nee Brodsky) ADDRESS 18. WOR DECEASED OF LATH INTERVAL SETWICK 18. SECURITY NO.		, If Under 24 Hrs.				
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William Abbey William Abbey Laurá Schaffer 14. MOINERS MAIDEN NAME Laurá Schaffer Laurá Schaffer 15. Wo Diseased Rus in U. & Amed Facera? 16. SOCIAL TES, por a vicknown [Ill yes, give wor or dotes of terrice] DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart lost or complication which caused doelh.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving isse in the above cause (A) stating the UNDERLING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT		UNTRY?				
William Abbey S. Wes, Deceased Saw in U. S. Armed Forces? S. OCIAL SCURITY Not. 17, INFORMANT (nee Brodsky) ADDRESS 18, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19						
18. 18. 19.	13. FATHER'S NAME					
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TO THE DEATH BUT NOT RELATED TO THE SELVA DEASE OR CONDITION CAUSING IT. UPA. DATE OF OPERATION WAS PERFORMED UPA. DEATH (notily medical examiner) DEATH (month) (Doy) (Year) (Hour) Was PERFORMED UPA. DEATH (notily medical examiner) UPA. DEATH (notily medi	UNDERLYING CONDITION last.					
194. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, lactary, street, affice bidg., INJURY OCCUR? DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Not While Al Work A Work 22. I certify that (I) (this hospital) attended the deceased from 12 9 1970 to 1970, that (I) (we) lost sow the deceased olive on 1970 and that in (my) (edi) oplnion death occurred on the date and haur and from the causes stated abave. (I) (W6) (did) (did not) view the bady after death. 23A. SIGNATURE A. SIGNATURE A. Altending Med. Phys. Director Phys. 12 - 10 - 70 23C. PHYSICIAN'S NAME (Type) A. Altending Med. Director Phys. 12 - 10 - 70 23D. ADDRESS M.D. MARYLAND STORKAL DISTRICT DISTRICT DIRECTOR (City, lown, or county) (Stote) Burial 12/14/70 Meadowridge Mem. Park Baltimore, Md.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, lactary, street, affice bidg., INJURY OCCUR? DEATH (notily medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work At Work 22. I certify that (I) (this hospital) attended the deceased from 12 - 9 ond that in (my) (edit) opinion death occurred on the date and haur and from the causes stated abave. (I) (W6) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED 23D. ADDRESS NAME (Type) Attending Med. 23D. ADDRESS NAME (Type) ALLIAM O. 24C. NAME 61 CEMETERY or CREMATORY REMOVAL (Specily) Burial IN CERTFING CAUSES OF DEATH? In CERTFING CAUSES OF DEATH. In CERTFINE CITY, Spire control of Death of City, June 2015 OF DEATH. In CERTFINE CITY, Spire City, June 2015 OF DEATH. In CERTFINE CITY, Spire City, June 2015 OF DEATH. In CERTFINE CITY, Spire City, June 2015 OF DEATH.						
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work At Work (APPROX.) 22. I certify that (I) (this hospital) attended the deceased from 12 - 9 ond that in (my) (ent) opinion death occurred on the date and haur and from the causes stated abave. (I) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23D. ADDRESS NAME (Type) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work At Work 21E. INJURY OCCUR? 21F. HOW DID IN	204. AUTOPSY? (Tes of No. 208. IF TES, WERE FINDINGS CONS. IN CERTIFYING CAUSES OF DEATH	?				
OF INJURY (APPROX.) While At Work 22. I certify that (I) (this hospital) attended the deceased from 12-9 1970, that (I) (we) lost sow the deceased alive on 12-10 1970, that (I) (we) lost sow the deceased olive on 12-10 1970, and have and from the causes stated abave. (I) (#6) (did) (did nat) view the bady after deoth. 23A. SIGNATURE 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) 23C. PHYSICIAN'S NAME (Type) ALLIAN O. QUESENBERRY M.D. MARYLAND SEMERAL ADSPITAL 24A. BURIAL CREMATION, 24B. DATE 24C. NAME & CEMETERY or CREMATORY BURIAL CREMATION, 24B. DATE 24C. NAME & CEMETERY or CREMATORY BURIAL CREMATION, 124B. DATE 12/14/70 Meadowridge Mem. Park Baltimore, Md.	OR CONTRIBUTING CAUSE OF CITY, give exoc home, lorm, lactary, street, affice bldg., INJURY OCCUR?	locotion)				
22. I certify that (I) (this hospital) attended the deceased from 12-9 1970 to 1970, that (I) (we) lost sow the deceased olive on 12-10 1970 and that in (my) (edit) opinion death occurred on the date and have and from the causes stated abave. (I) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS NAME (Type) 24D. DIESENBERRY 24D. DIESENBERRY 24D. LOCATION (City, town, or county) 24D. LOCATION (City, town, or county) Burial 12/14/70 Meadowridge Mem. Park Baltimore, Md.	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?					
22. I certify that (I) (this hospital) attended the deceased from 12-9 1970 to 12-10 1970, that (I) (we) lost sow the deceased olive on 12-10 1970 and that in(my) (eff) opinion death occurred on the date and haur and from the causes stated abave. (I) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS NAME (Type) 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME 61 CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) Burial 12/14/70 Meadowridge Mem. Park Baltimore, Md.	S OF INJURY (APPROX.) While At Not While					
that (I) (we) lost sow the deceased alive on 12-10 19 70 and that in (my) (ear) opinion death occurred on the date and haur and from the causes stated abave. (I) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS NAME (Type) 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME 61 CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) Burial 12/14/70 Meadowridge Mem. Park Baltimore. Md.	Work At Work	70				
and haur and from the causes stated abave. (I) (#6) (did) (did nat) view the bady after deoth. 23A. SIGNATURE 23A. SIGNATURE 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS NAME (Type) 23D. ADDRESS NAME (Type) 24D. DIESENBERRY 24C. NAME & CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) 24D. LOCATION (City, town, or county) Burial 12/14/70 Meadowridge Mem. Park Baltimore. Md.						
23A. SIGNATURE 23A. SIGNATURE 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME 61 CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) 24D. LOCATION (Specily) Burial 12/14/70 Meadowridge Mem. Park Baltimore, Md.	that (I) (we) lost sow the deceased alive on 19 70 and that in (my) (ear) opinion death acc	urred on the dote				
23C. PHYSICIAN'S NAME (Type) 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME 61 CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) Burial 12/14/70 Meadowridge Mem. Park Baltimore, Md.	and haur and from the causes stated abave. (1) (#6) (did) (did nat) view the bady after deoth.					
23C. PHYSICIAN'S NAME (Type) (JILLIAM O. QUESENBERRY M.D. MARYLAND GENERAL /DSPITTAL 24A. BURIAL CREMATION, REMOVAL (Specily) Burial 12/14/70 Meadowridge Mem. Park Baltimore, Md.	23A. SIGNATURE 23B. DATE SIGN	IED				
23C. PHYSICIAN'S NAME (Type) Color Color	M.D. Attending Med. Director Phys.	-70				
Burial 12/14/70 Meadowridge Mem. Park Baltimore. Md.	23C. PHYSICIAN'S 23D. ADDRESS					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME 61 CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) Burial 12/14/70 Meadowridge Mem. Park Baltimore. Md.		(0, 73/				
Burial 12/14/70 Meadowridge Mem. Park Baltimore, Md.	WILLIAM O. GUESENDERRY MARYLAND GENERAL IL	SPITT				
	REMOVAL (Specily)	(31016)				
		1.11-1				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS SCHIMUNER Funeral Home, Inc.	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR AT	DORESS				
DEC 16 1970 Table 2 1 10 1 20 20 3331 Brehms Lane						

income the terminal department in a section of the section of the

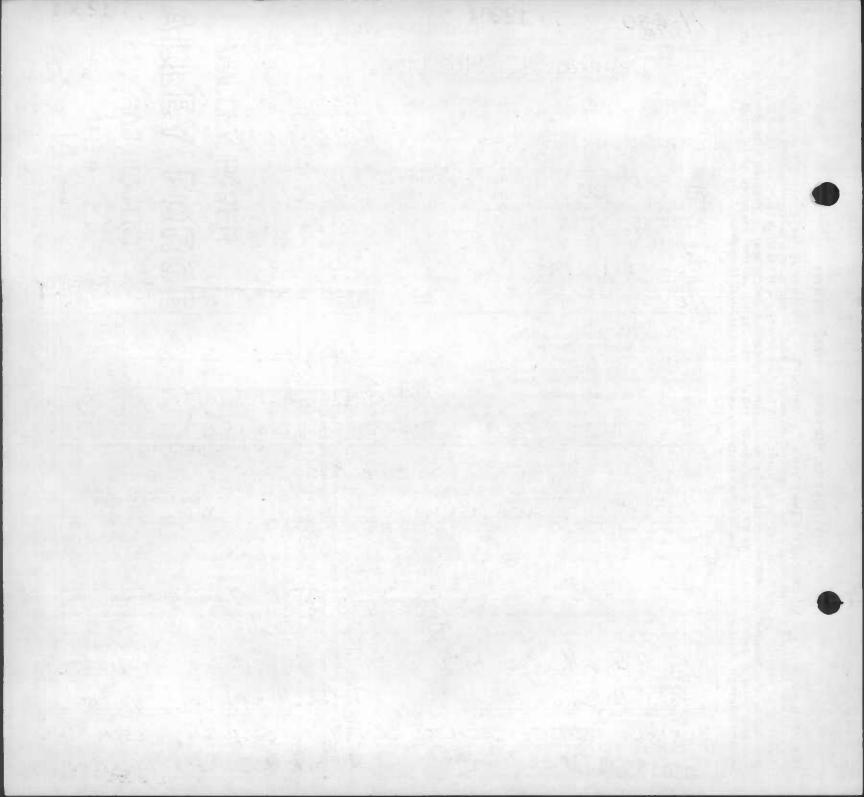
ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** Ísídore Mihalakis, M.D. NAME (Type) 12-11-70 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) (State) REMOVAL (Specify)
Burial 12/14/70 Holy Redeemer Cemetery Baltimore, Md. 25C. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc. 25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 3331 Brehms Lane VS 151-REV. 1/1/68

R: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cauwas B.O.A. at a hospital (except where the physician who pronounced death was in regular attractors or the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior written approval must be obtained before the remains are embalmed or final disposition is made.
	This certif the body shows: (1) was D.O./ deceased

III P	11-160	THEALTH DEPARTMENT REG. NO. 70 12303					
ī	NAME OF DECEASED TYPE OF PHILIPM NEUR ERT	2. DATE AND HOUR OF DEATH					
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	THE HISTIAL DESIDENCE WITH 1970 4,30 A M.					
1	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. STATE R. COUNTY C. CITY OR TOWN D. INSIDE CITY LIMITS?					
1.	STA. BALTO Gan. Hosp.	E. STREET AND NUMBER					
5	300/ St. Bato HenoverSt, Balto 21230	602 N, GLOVERST Bolto 21205					
	WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.					
de	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if refired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
r	et-machinist Md. Drydock	Mad Baltimore USA.					
	Frederick Neubert	Carolina Dahlke					
1.5 (Y	Was Decoased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT wife, above ADDRESS A Emma Reimers (nee Schurmann) Neubert					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH					
	(This does not made the mode of dying, e.g., heart follower, asthenio, etc. It means the disease, injury or camplication which caused death.) (A) IMMEDIATE CAUSE CONSEQUENCE OF:						
	ANTECEDENT CAUSES (B) Alterox	cleratic CVD					
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast.	A CONSEQUENCE OF:					
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
CERTIFIC	19A DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
₽ S	21A- ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in home, form, fociory, street, officed)	or obout 21 C. WHERE DIO (II In Bollimoro City, give exect location) injury occur?					
MEDI	21D-YIME (Month) (Doy) (Yoor) (Hour) 21E INJURY OCCURRED While AI Work At Work	21F. HOW DID INJURY OCCUR?					
	22. I certify that (I) (this hospital) attended the deceased from 12/4/70 19 to 12/11/70 19						
1	and hour and fram the couses stated above. (1) (We) (did) (did nat) view the bady after death.						
	Edward Garrey MD DEGREE Attent	ding Med. Stoff Phys. 238. DATE SIGNED					
	NAME (Type) EDM WYD GARVEYN DOWN	87th Balto, Gran Hosp.					
24/	REMOVAL (Specily) Burial 12/14/70 Cedar Hill Cen	(Sidile)					
25/	A DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR						
1	DEC 16 1970 Robert & Factor 18 0	25C. FUNERAL OIRECTOR PUNERAL HOME, In ADDRESS 2601 F. Madison St.					



П	1/ 120 70 12204 BALTIMORE CITY HEALTH DEPARTMENT 70 12204				70 12204		
CERTIFICATE OF DEATH X REG. NO.							
1	INAME OF DECEASED				OUR OF DEATH	`	
	Type or Prin		1/ 1	1. 41	2. DATE AND H	197/	D. n
		Veboran	Kil	Jurit	Vec	12/1/0	7.10 A M.
-11	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			A. STATE B. COUNTY	ceosed lived. If in	stitution; residence before admission)	
- 11	FULL NAM	OR ADDRESS OR LOCA	TION)		Kennedy ville	e, Mary	DE CITY LIMITS?
	INSTITUTIO		1/	- 1-1	Veit County	MI	YES A NO
1	Johns Hopkins Hospital			E. STREET AND NUMBER	, 104	113 2	
	DVIVI	Supplies			C. SIRCE! AIVS IVOINSER		
	5. SEX	6, RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9. A	GE IIn years	If Under 1 Yr. If Under 24 Hrs.
	F		WIDOWED	DIVORCED	12-6-64	birthdoy)	Months Doys Hours Min,
	IDA. USUAL	OCCUPATION (Give kind of work			11. BIRTHPLACE (State or loreign c	ountry)	12. CITIZEN OF WHAT COUNTRY?
		nost of working tife, even if retired)			24		U.S.A.
		NONE			MARYLAN	10	0.3.71.
	3. FATHER	SNAME			14. MOTHER'S MAIDEN NAME		
	Jai	mes Hurtt			Wallace.	(DOR	15)
		eosed Ever in U. S. Armed Ford			17. INFORMANT		ADDRESS
	NO	known) (If yes, give wor or dote:	of service	SECURITY NO.	MRS. DORIS H	URTT	KENNEDYVILLE M.D.
	18.	9041		CAUSE OF DEATH			APPROXIMATE INTERVAL
	1	DISEASE OR CONDITION DIR	ECTI V				BETWEEN ONSET AND DEATH
	-	LEADING TO DEATH	ECILI		11. 1. 200 Luc Davis	661111	30 hrs
	(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or camplication which caused dooth.) (A) IMMEDIATE CAUSE HY DOG LY CEMIC COMA 30 LVS DUE TO, OR AS A CONSEDUENCE OF:						
ANTECEDENT CAUSES (B) Metastatic neuroblas foma 5 y DISEASES OR CONDITIONS, if any, giving (B) Metastatic neuroblas foma 5 y							na Dyears
3		o the above cause (A)	slating the	10 Deletio	n of long arm o	£ C	6 years
				(-)-3	Ch	romoso	uce.
	Z	II SIGNIFICANT CONDITIONS CON	ITPIRLITING				
	F TO THE	DEATH BUT NOT RELATED TO TH	IE TERMINAL	Seizu	e disorder	~ ~ ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °	· • • • • • • • • • • • • • • • • • • •
)		TE OF OPERATION 198 CON	HICH OPERATION	20A. AUTOPSY? (Yes or No) 20	B. IF YES. WERE	FINDINGS CONSIDERED	
	194. Date of operation 198. Condition for which operation was performed Networklastoma					CERTIFYING CA	
	0 21A. AC	CIDENT WAS UNDERLYING	25toma	or obout 21 C. WHERE DID	NO 0	e City, give exact lacotion)	
-	OR COL	NTRIBUTING CAUSE OF	hom	e, form, foctory, street, of	fice bldg., INJURY OCCUR?	III IN BOIRMOF	e City, give exact laconom:
	DEATH	Inatily medical examiner	etc.)				
3	0 21 D. TIA		(Hour) 21E.	INJURY OCCURRED	21 F. HOW DID INJURY	OCCUR?	
	S OF INJ			e At Not While			
			Wor				
22. I certify that (I) (this hospital) ottended the deceosed fram December 11 1970 to December that (I) (we) lost sow the deceosed olive on December 12 1970 and that in (my) (our) opinion de							
					nion deoth occurred on the dote		
3	and ha	ur and fram the causes stot	ed above. (I	(We) (did) (did not) v	iew the body ofter death.		
2		NATURE		(4.6)			23B. DATE SIGNED
	1	00 1		AHe	nding Med. Stoff		12/12/2
3	1a	ul " Thu	run!	4D DEGREE Phys	Med. Staff		12/12/70
	Z3C.PH	YSICIAN'S .ME (Type)			23D. ADDRESS		
Paul H. Shurin DEGREE Johns HOPKINS HOSpital 24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY of CREMATORY 124D. LOCATION (City, towf), or county)						ospital	
						ty, towh, or county) (State)	
	REMO	VAL (Specily)			MTY	1 70.4/	CECH MA
	DUK	1/3 1/2-13-	D CE	CILTON CE	LECI	LION	CECIL MD. ADDRESS STILLPOND, MD.
	ZOA. DATE	REC'D BY HEALTH DEPT.	ZOB. NAMESO	2 2	C. FUNERAL DIRECTOR	MILEXV	CTILL D. A.
	DEC		AND		VICTOR N. KE	NNEDY	SILLIOND, MD.
1	VS 150-REV	. 1/1/68					

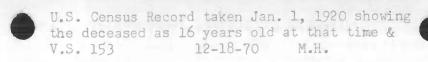


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

	70 12205 BALTIMORE CITY	HEALTH DEPARTMENT							
-705		TE OF DEATH REG. NO. 70 12205							
sec	INAME OF DECEASED	2. DATE AND HOUR OF DEATH							
ecease on th	(Type of Print)	433m 12/11/20 m							
F 0 0 F	Baby Girl 211000	4. USUAL RESIDENCE (Where decaased lived, If institution: residence before admission)							
O Co		MARYLAND BALTIMORE CITY/							
d ar	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
rause; attendior to	INSTITUTION	BALTIMORE YES NO							
ng cause cause atten ior to	3 THE JOHNS HOPKINS HOSPITAL	E. STREET AND NUMBER							
		233 E. UNIVERSITY PARKWAY							
2000	5. SEX 6. RACE 7. MARRIED NEVER MARRIED X	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.							
	FEMALE WHITE WIDOWED DIVORCED	12-7-70 lost birthdoy Months Days Hours Min.							
is is	IDA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY								
or condeters in dece	dane during most of working life, even if retired)								
Und as e d e d	NO DATES NAMED IN THE PROPERTY OF THE PROPERTY	14. MOTHER'S MAIDEN NAME							
was was the spos	13. FATHER'S NAME								
	DAVID W. ELLIOTT	LOIS YOUNG							
- 0 B	15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS							
EVEUE									
any he ced ced or fi	18. CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
	DISEASE OR CONDITION DIRECTLY	DETWEEN UNSET AND DEATH							
Also e of noun atte	LEADING TO DEATH	USE Despiratory Insulacing 12 hr							
F 9" -	LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc., It means the disease,								
P d d	heart taiture, asthenia, etc. It means the disease, injury ar camplication which caused death.)								
fra o gul	ANTECEDENT CAUSES	Directory Distres Syndown 3240							
Wh wh	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:							
(3) in s a	rise to the above couse (A) stating the UNDERLYING CONDITION lost.	emolythity							
_ 8 =	/ 0/20000000-1								
E × E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
phy phy an	TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
a re ody he p sicio	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
		YES							
	OR CONTRIBITING CALISE OF CALISE OF CONTRIBITING CALISE OF CALISE OF CONTRIBITING CALISE OF CALIFORNIA CALISE OF CALISE OF CALISE OF CALIFORNIA CALISE OF CALIFORNIA CALIF	in or obaut 21C. WHERE DID (If in Baltimore City, give exect location) Injury Occur?							
ital ital No No	DEATH (notify medical examiner)								
0 - 5 70	21D. TIME (Month) (Day) (Year) (Haur) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?							
hosp nature ept v d (6)	OF INJURY (APPROX.) While At Work At Work								
		12/8 19 to 12/11 19							
	22. I certify that (I) (his haspital) oftended the deceased from	19 10 and that In(my) (aur) apinian death accurred an the date							
5 - c - c - c - c - c - c - c - c - c -		·							
sed to ent of a spital (leath);	and haur and fram the causes stated above. (1) (We) (did) did nat)								
ileased to cident of hospital to death)	23A. SIGNATURE	ending Med. Shaff							
	DEGREE Phy	rs. Director Phys.							
	23C. PHYSICIANS NAME (Type)	23D. ADDRESS							
y was r 1) An at 3.A. at a d prior	SOEI MY. NSWCh	Solus Hopkers Hospits							
A P D	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR								
the body vs. (1) was D.O.A deceased written ap	Cremation 12/11/70 Johns Hopkin	s Hospital 601 N Broadway Balto., Md.							
S S S	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS							
sh w de	DEC 16 TO Page & Failer file 30	2 2 HOSPITAL DISPOSAL							
	VS 150-REV, 1/1/68	TOUR TRANSPORTER							

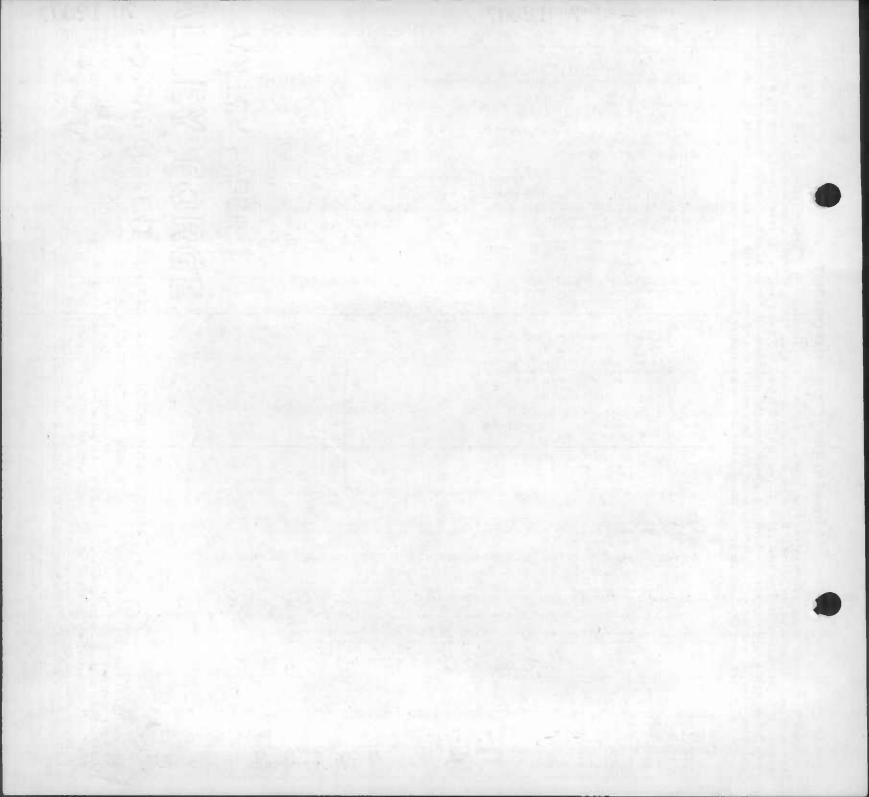
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1	2-636 70 12		HEALTH DEPARTMENT	70 12206
	RTH NO.	CERTIFICA	TE OF DEATH REG. NO	10 TOWO
(T)		JOSEPHINE	Dec. 19. 1976	
	PLACE IN BALTIMORE MARYLAND, WHI	OR INSTITUTION, GIVE STREET 12-18-70	BALTIMODE E. STREET AND NUMBER	institution: residence before admission)
5.	61.0000	MARRIED NEVER MARRIED	8. DATE OF BIRTH 903 9. AGE (In years last birthday)	If Under 1 Ye. If Under 24 Hrs. Months Doys Hours Min.
10/	A USUAL OCCUPATION (Give kind of work 10	WIDOWED DIVORCED DIVORCED		
100	HOUSE CVI Le	numbers of the original control of the original contro	Vizginia	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	CHARLES OWEN V	IRBINIA	LILLYOWEN VIRGI	HIA
15. (Ye	Was Deceased Ever in U. S. Armed Forces s, no ar unknown) (II yes, give wor or dates o	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		215-65-59006	Daughter of the cless	1001 1543 S. Shans
	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not meen the mode of dy heart failure, asthenia, etc. it means the injury or complication which caused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any rise to the above cause (A) ske	CAUSE OF DEATH Ing. e.g., e disease, oth.) (A) IMMEDIATE CAU DUE 10, OR AS A	SE Lejt Lower Low Pro A CONSEQUENCE OF: hzeni Lymphocytu L	EUMONAL 2 days
TION	UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTR IO THE DEATH BUT NOT RELATED TO THE T	TERMINAT	melli ag.	4 yeur
ERTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 1994-DATE OF OPERATION 1998 CONDITION WAS PERFORE	(A).	29A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
AL CER	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	218 PLACE OF INJURY le.g., in home, form, foctory, street, off etc.)	or about 21C. WHERE DID (If In Boltimo	re City, give exact location)
ME	210-TIME IMonth) (Doy) (Yeorl (H OF INJURY (APPROX.)	While At Work		
	that (4) (we) last sow the deceased a	trended the deceased from 10 ⁺	h December 19 70 to 101	n December 19 70
	and have and from the causes stated 23A. SIGNATURE Caymond E. Cm 23C. PHYSICIAN'S	rowlop, MiD Atten	ding Med. Shoff M.	10th Dec. 70
	NAME (Type)		3D. ADDRESS	
Bu	REMOVAL ISpecify) 12-15-70	24C.NAME of CEMETERY of CREA	MATORY 24D. LOCATION (C) Baltimore	ity, town, or county) (Stote)
25A	DECTO WHEATH PETERS 25	HAMPOF REGISTRAR	25G FUNERAL DIRECTOR 2 ROLAND BROWN 123 W	ADDRESS
VS	150-REV. 1/1/68			

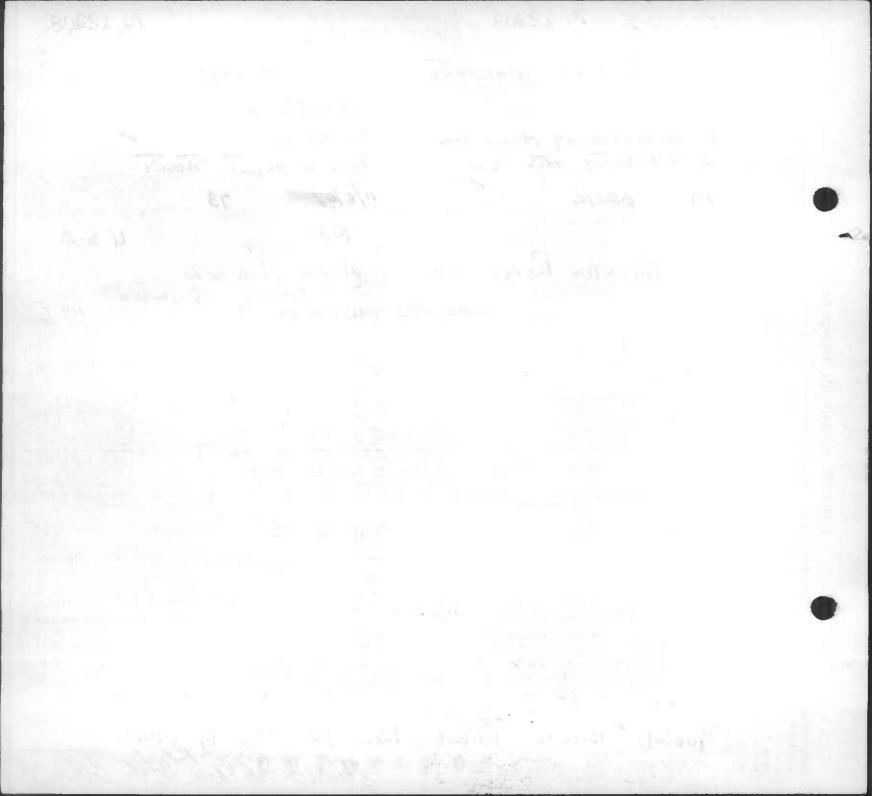


was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

70 1220	7 BALTIMORE CITY	HEALTH DEPARTMENT		70 12207			
J-633	CERTIFICA	TE OF DEATH	REG. NO.				
I, NAME OF DECEASED			ND HOUR OF DEATH				
(Type or Print) Can wedan		12-	7-70	11 40 PM.			
3. PLACE IN BALTIMORE MARYLAND, WHERE PROP	OUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If inst	titution: residence before admission)			
FULL NAME OF (IP NOT IN HOSPITAL OR INS HOSPITAL OR INSTITUTION	TITUTION, GIVE STREET	Marylan.	D. INSID	DE CITY LIMITS?			
BOLTON HILL CON. HOM	6	E STREET AND NUMBER	tel,	YES NO			
JONA ST BALTI		1294/ 520	Street				
5. SEX 6. RACE 7. MARRIE WIDOWI	DIVORCED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.			
IDA. USUAL OCCUPATION (Give kind of work 10B, KIND		11. BIRTHPLACE (State or lare	ion country)	12. CITIZEN OF WHAT COUNTRY?			
done during most of working life, even if retired)	or positive as a transfer of	Edendan ?	Detto Carolin	765A			
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NA	ME				
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknawn) (If yes, give war ar dales af service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	, 0	ADDRESS			
	213-34-622	Milmissio	N Decar	APPROXIMATE INTERVAL			
DISEASE OF CONDITION DIRECTLY	CAUSE OF DEAT	n		BETWEEN ONSET AND DEATH			
	LEADING TO DEATH (A)IMMEDIATE CAUSE anti commany owlusin muites						
(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disearinjury or complication which coused death.)	9., DUE TO, OR AS	A CONSEQUENCE OF:					
ANTECEDENT CAUSES	1.1	1 P. J.	2 X - Sie				
DISEASES OR CONDITIONS, if any, givi	(B) DUE TO, OR AS	A CONSEQUENCE OF:	en oures	year			
iiso to the above cause (A) stating t	3	1, - 0,	0000	0			
UNDERLYING CONDITION lost.	(c) 60°	morrys	general	man			
Z				0			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA							
DISEASE OR CONDITION GIVEN IN PART 1 (A).	R WHICH OPERATION	20A. AUTOPSY? (Yes or No	ol 208. IF YES, WERE FI	INDINGS CONSIDERED			
WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?			
OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., name, farm, factory, street, a etc.)	ffice bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)			
	TE. INJURY OCCURRED	21F. HOW DID INJ	JURY OCCUR?				
	While At At Wark						
22. I certify that (1) (this haspital) attende			19 6 9 to	12/7 19 73			
that (I) (we) last saw the deceased alive a				ian death accurred an the date			
and haur and fram the causes stated above							
23A. SIGNATURE				238. DATE SIGNED			
al Mar	Dh.	ending Med. Director	Staff Phys.	12/8/7			
23C. PHYSICIAN'S NAME (Type)	OEGREE THY	23D. ADDRESS	BOXIN				
	NAME OF CEMETERY OF CR	EMATORY 24D. L	OCATION (City	y, lawn, ar caunty) (State)			
REMOVAL (Specify)	It.Auburn		ltimore Ci				
	e of REGISTRAR	25G FUNERAL PIRECTO	R	Address W. Montgomery			
DEC TO MAN	- Press	TELLEDI OWIIATI	d 50H 100-	w.Monrelower.			
150 PEV 1/1/60							

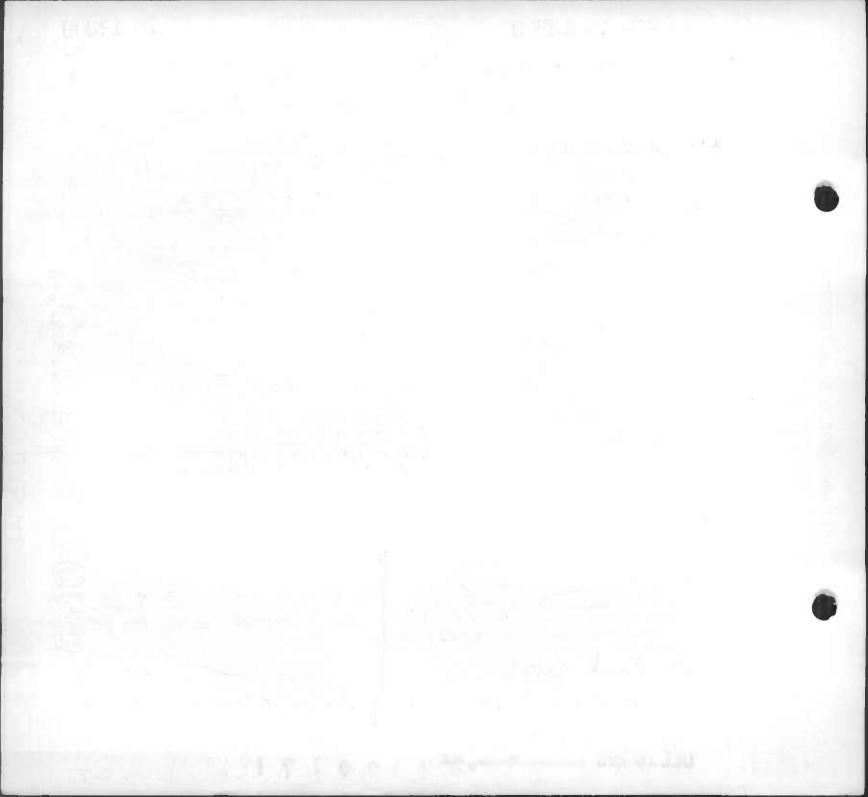


1002	1	- 1一つがつ マールを切り	TE OF DEATH REG. NO.	0 12208
at at	1.	NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
_ 70 00 E	II CT	ype or Print) Johnson, MARARSY	,	1
De Ce	3,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution A. STATE B. COUNTY	tresidence before odmission)
cause se; (5) endanc to dec	H	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY	LIMITS?
ibuting cined caus	h	GRANADA NURSING Home Inc	E. STREET AND NUMBER YES	₽ NO □
buti buti lar lar de.	1	4017 LibERDY HTS AUR	1406 N. Mauri Street	
O'T E BOE		SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years life United Months) Months	nder 1 Yt. If Under 24 Hrs. hs Doys Hours Min.
dete in r	do	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. C	TIZEN OF WHAT COUNTRY
de Co	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U.S.A.
+ + + + + + + + + + + + + + + + + + +			MOTHER'S MAIDEN NAME	
	15.	Wos Decessed Ever in U. S. Armed Forces? 16, SOCIAL	17. INFORMANT	ADDRESS
- 0 - 0	(Ye	es, no or unknown) (If yes, give war ar dates of service) SECURITY NO.	17. INFORMANT CHARLES JOHNS	ON
W +	-	18. 44 9 1 CAUSE OF DEATH	MEdicAL KECORD	SAME
so, is of an		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	C.VA.	BETWEEN ONSET AND DEATH
r at at at at		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc., it means the disease,	A CONSEQUENCE OF:	# ************************************
fra		ANTECEDENT CAUSES ANTECEDENT CAUSES	auricular philden	
al exant (3) A an what in rent are		DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	a consequence of: e peart failure	Jan 2000000000000000000000000000000000000
medical burns; hysicia n was remain	NOTA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	61. bleeding.	
Body the pysicia	ERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDING IN CERTIFYING CAUSES O	SS CONSIDERED F DEATH?
rne al by ; (2) here lo ph	CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., ir home, form, foctory, street, off pearst (notify medical examiner)	n at about 21 C. WHERE DID (If In Baltimare City, a line bldg., INJURY OCCUR?	live exact lacation)
hosp natur ept w d (6) gined	MEDI	21D. TIME (Month) (Day) (Yeorl (Haus) 21E. INJURY OCCURRED While At Not While At Work At Work	21F. HOW DID INJURY OCCUR?	
Party Sed		22. I certify that (1) (this hospital) attended the deceased fram.	Oct 30 1910 10 Dec	15 1970
_ U _ 0		that (1) (we) last saw the deceased alive an Nor 30	19 70 and that in (my) (aur) apinion de	ath accurred on the date
sr be a used to ent of sspital death)		and hour and from the causes stated above. (1) (We) (did) (did not) vi	lew the bady after death.	
SOPE			nding Med. Staff	ATE SIGNED
the body was rel shows: (1) An acc was D.O.A. at a deceased prior to		23C. PHYSICIAN'S NAME (Type) KAFAEL A SANTAYANA 2	6010 Easlern are Bo	uls me
A P D	24/	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town,	or county! (State)
the bod shows: was D.G decease		Bueia 12-19-70 Arbutus M	em. PK. Braldo. p.M	d.
the body shows: (1) was D.O.A deceased written ap	25 A	EC16 1970 Rege & B. 183 9 0 0	2 Show Aura Dage 13480	N. Calkain le
	AZ	150-REV. 1/1/68		



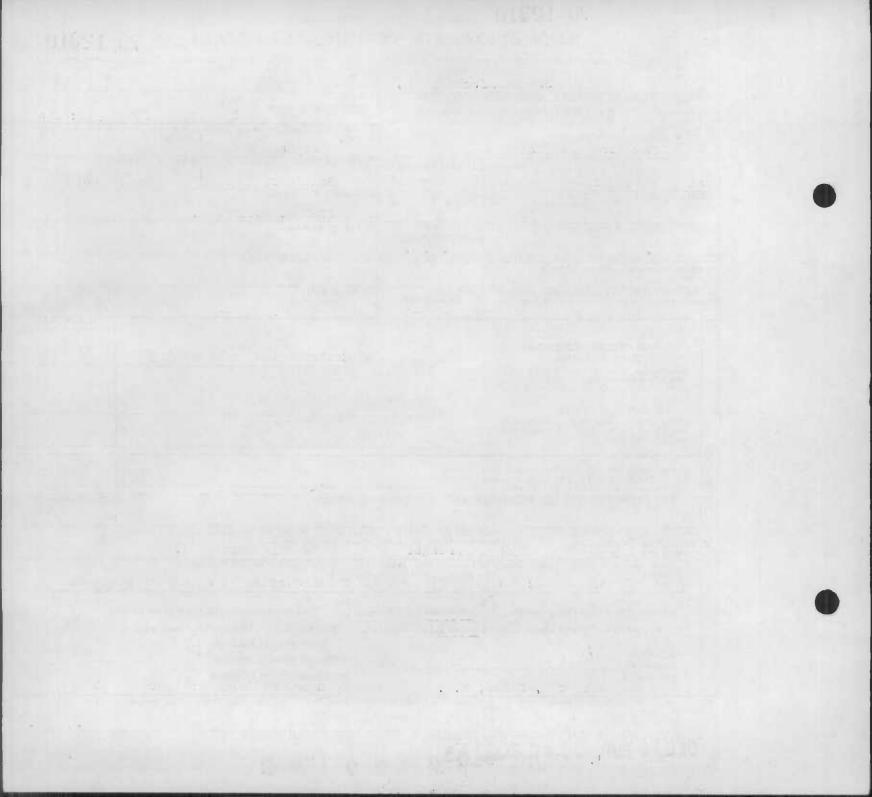
700T	0-322 70 12209 CERTIFICATE OF DEATH REG. NO. 70 12209						
death eased n the	T. NAME OF DECEASED M. 1 1 2) / Stake C 2. DATE AND HOUR OF DEATH						
ospital 6 of 5) Dec nce or	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY						
E N O B O	HOSPITAL OR INSTITUTION, GIVE STREET Mary and Baltimore C. CITY OR TOWN D. INSIDE CITY LIMITS 2						
rang caus	44 Union Memorial Hospital E. STREET AND NUMBER						
ibutii ned ned olar ade.	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours If Under 24 Hrs.						
occur ontrib ermin regule eased is ma	MARKED NEVER MARRIED OF BIRTH 9. AGE (In years of lost birthdoy) 10. AUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 112. CITIZEN OF WHAT COUNTRY?						
or or in in dec	done during most of working life, even if refired) What I and I working life, even if refired) What I and I working life, even if refired) What I and I working life, even if refired)						
rect (4) Ur (4) Ur was the isposi	13. FATHER'S NAME 1						
itant e dir ind; (eath e on al dis	15. Was Deceased Ever in U. S. Armed Forces? 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS						
STADOLL	Wes, no or unknown) Ill yes, give war or doles of service) SECURITY NO. Evelyn Stokes Same as declare.						
his as so, if any inced enda	18.2 5 0 7 1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY CAY LIAN ATTENDED APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
Als nou att	LEADING TO DEATH						
ner. actu pro ular mba	injury or complication which caused death.) Lange of Live Heart Failure						
A fr Who	DISEASES OR CONDITIONS, If any, giving DUE 10, OR AS A CONSEQUENCE OF:						
ical exal exal exal exal exal exal exal ex	underlying condition last. (c) Diabetes Mellitus, and						
medical medical y burns; physici ian was e remai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a),						
Bod the ysic a th	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
5 2 5 6	OR CONTRIBUTING CAUSE OF home, foctory, street, office bldg. INJURY OCCUR?						
hospita nature; ept whe d (6) No ained be	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED While At Work At Work						
approve o the h any nd (excep); and (22. 1 certify that (1) (this haspital) attended the deceased fram. 11/27/70 19 70 to (2/15/70 19						
eased to ident of ident of sospital death) must be	and haur and from the causes stated above. (i) (10) (did nat) view the bady after death.						
	23A. SIGNATURE ZAL Colora M. O DEGREE Phys. Director Phys. 12/15/70						
y was rely was rely An acc. J.A. at a fed prior to approval	23C. PHYSICIANS NAME (Type) H. FARL COTMAN M.D. 23D. ADDRESS NAME (Type) H. FARL COTMAN M.D. UNI 2N Memorial Hocailel						
F - 0 0 - 1	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)						
the body shows: (1) was D.O. deceased written a	SURIAL 12-18-70 ARBUTUS HEM. PK. BALTO. Id. 25A. DATES OF REGISTRAR 25C. FUNERAL DIRECTOR, U. BALLEY ADDRESS						
× 0 × 0 ×	AKERON F. M. 1348 CALHOUN ST.						

BALTIMORE CITY HEALTH DEDARTHER

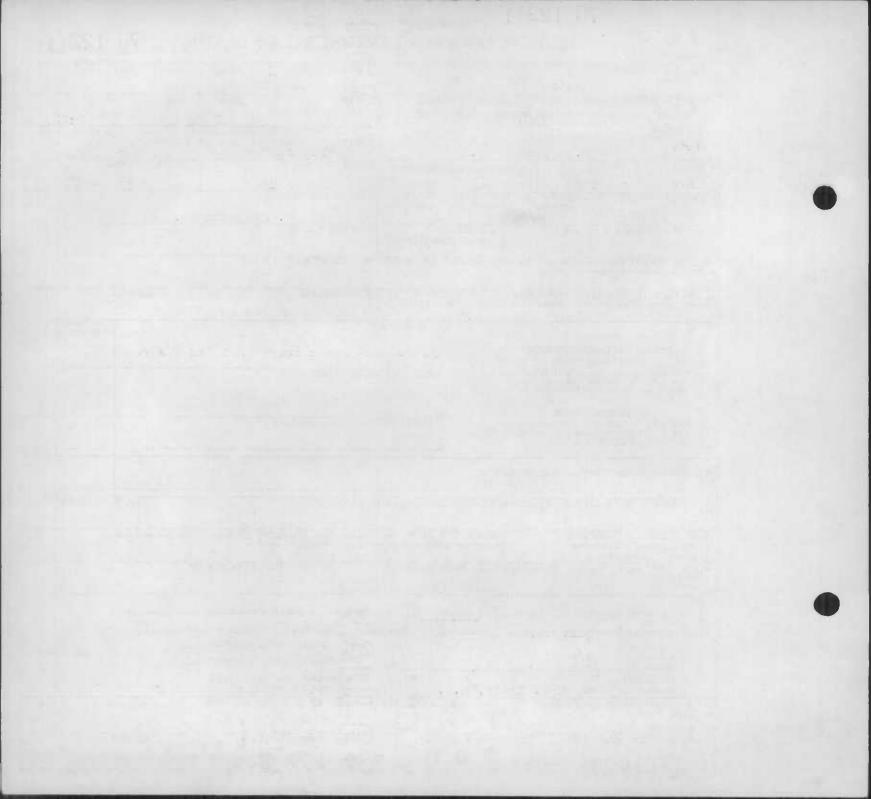


VS 151-REV. 7/1/68

70 12310 BALTIMORE CITY HE	ALTH DEPARTMENT						
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70 12210						
BIRTH NO.	REG. NO.						
I. NAME OF DECEASED	2. DATE Known X Month Doy Year Hour						
(Type or Print) James A. Jackson Sr.	OF DEATH Estimoted						
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 12 15 70 5:35 a						
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)						
Tuthowan Hognital	A. STATE B. COUNTY						
Lutheran Hospital 6. SEX 7. RACE 8. MARDIED TO NEVED MARDIED	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?						
MARKIED LINEVER MARKIED LI							
male colored WIDOWED DIVORCED	Baltimore YES NO NO						
9. DATE OF BIRTH 10. AGE (In years # Under 1 Yr, il Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER						
12-20-21 48	2743 W. North Ave.						
11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF	13. FATHER'S NAME						
WHAT COUNTRY?	Javid Jedleson						
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME						
done during most of working lile, even if retired)	Cornellius Anderson						
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS						
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.							
no [23-48-7348	TH APPROXIMATE INTERV						
19. CAUSE OF DEA	SETWEEN ONSET AND DE						
DISEASE OR CONDITION DIRECTLY							
LEADING TO DEATH	CAUSE Carbon monoxide poisoning						
	AS A CONSEQUENCE OF:						
injury or complication which caused death.)							
ANTECEDENT CAUSES	ANTECEDENT CAUSES (8)						
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:						
RISE TO THE ABOVE CAUSE (A) STATING THE							
Z (c)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/							
TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
DISEASE OR CONDITION GIVEN IN PART 1 (A).	AS DESCRIPTION AND A VIVORENA (Vocas No.						
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No						
J (2)	no						
22A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB- 228. PLACE OF INJURY (e.g., home, form, factory, street, office	In or obout 22C. WHERE DID (if in Boltimore City, give exact location) to bidg., etc.) INURY OCCUR?						
UTING CAUSE OF DEATH. garage	1710 Ashburton St.						
2 220. TIME (Month) (Day) (Year) (Hour) 122E INITIBY OCCURRED	22F. HOW DID INJURY OCCUR?						
(APPROX.) 12 15 70 4:40 an WHILE AT NOT AT W	white inhalation of auto exhaust fumes						
23.	TORK						
I certify that I held an Inquiry Inspection Au	and that on this basis, death in my apinion						
resulted frage: Natural causes Accident X Suicid							
resolved and reduct cooses [Accident [A Solicit	CHIEF MEDICAL EXAMINER						
ACTUAL INPLACE COM	DATE SIGNED						
SIGNATURE M.D							
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 12/15/70						
	Deputy Chief Medical Examiner 12/15/70						
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)						
Burial 12-19-70 Thurch Camb	tery Northumberland Co., Va.						
25A DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS						
DEC 16 BY VICE A STATE MA	Kelson E.H. 13/4 Calboun St.						
VS 151-REV. 1/1/68							



DEF 70 12311 BALTIMORE CITY HE	ALTH DEPARTMENT						
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70 12211						
BIRTH NO.							
(Type or Print) William Drummond	2. DATE Known M Month Day Year Hour OF DEATH Estimated M M.						
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 12 13 70 2:22 p м.						
1646 N. Appleton St.	S. USUAL RESIDENCE (Where deceosed lived, if Institution: residence before admission) A. STATE B. COUNTY						
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
male colored WIDOWED DIVORCED	Baltimore YES NO						
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hrs.	E. STREET AND NUMBER						
4-1-25 lost birthdoy) 45 Months Days Hours Min.	1646 N. Appleton St.						
11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF	13. FATHER'S NAME						
WHAT COUNTRY?							
14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refleed)	15. MOTHER'S MAIDEN NAME						
doing dotting mostor working are, even a rented)	FANNIE						
tó. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or ynknown)(If yes, give war or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS						
NO 327-24-199	N ELLEN DRUMMOND SAME						
19. 4 1 9 CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY Arterio	sclerotic cardiovascular disease						
LEADING TO DEATH (A)IMMEDIATE C	LEADING TO DEATH (A)IMMEDIATE CAUSE						
heart follure, asthenia, etc. It means the disease, injury or complication which coused death.)	as a consequence on						
ANTECEDENT CAUSES (6)							
	AS A CONSEQUENCE OF:						
II I UNDERLYING CONDITION LAST.							
<u> </u>							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.							
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)						
ō	no						
UNDERLYING TOR CONTRIB. home, form, foctory, street, office	in or obout 22C. WHERE DID (if in Boltimore City, give exoci location) bidg., etc.) INJURY OCCUR?						
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?						
OF INJURY WHILE AT NOT	WHILE						
23.	TORK L.J						
I certify that I held an Inquiry Inspection X Au	tapsy end that an this basis, death in my opinion						
resulted from: Netural causes X Accident Suicio	de Hamicide Undetermined menner						
110: 150	CHIEF MEDICAL EXAMINER DATE SIGNED						
SIGNATURE MUSICAL M.D.	ASSISTANT MEDICAL EXAMINER						
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER						
NAME (Type) Werner U. Spitz, M.D. D							
in the state of th	eputy Chief Medical Examiner 12/14/70						
REMOVAL (Specify) BURIAL 12-16-20 MT, AUBU	eputy Chief Medical Examiner 12/14/70 or CREMATORY 24D. LOCATION (City, town, or county) (Stote)						
	eputy Chief Medical Examiner 12/14/70 or CREMATORY 24D. LOCATION (City, town, or county) (Stote)						
BURIAL 12-16-70 11T. AUBU	eputy Chief Medical Examiner 12/14/70 or CREMATORY 24D. LOCATION (City, town, or county) (Stote) INN CEM. BACTO. / Mar.						



VS 151-REV. 1/1/68

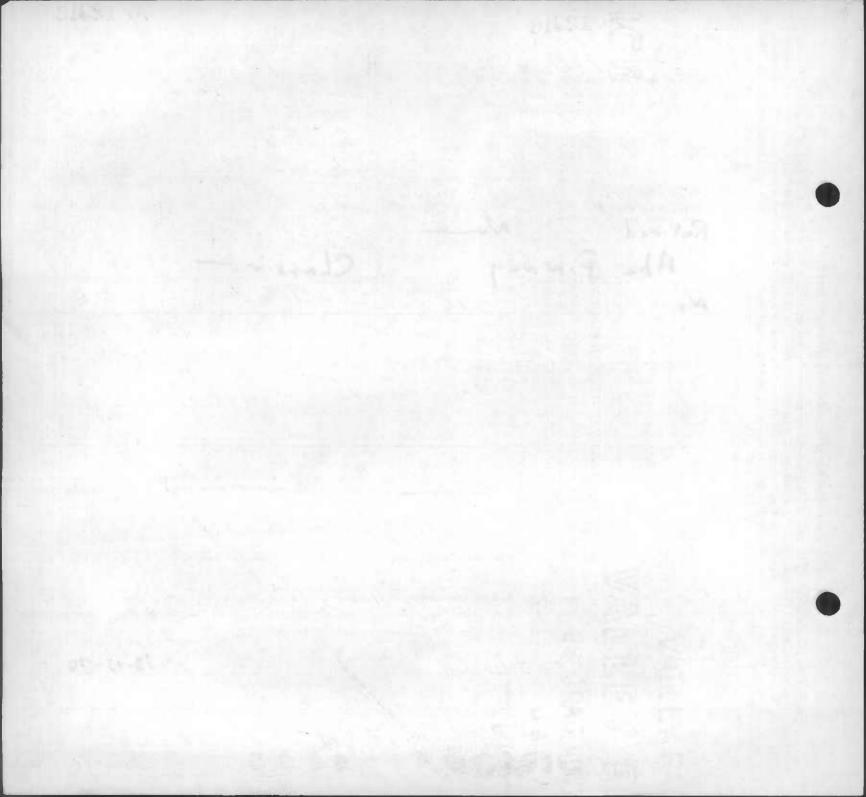
25A DATE REC'D BY HEALTH DEPT.

258. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR ADDRESS

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death, Such deceased prior to death. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

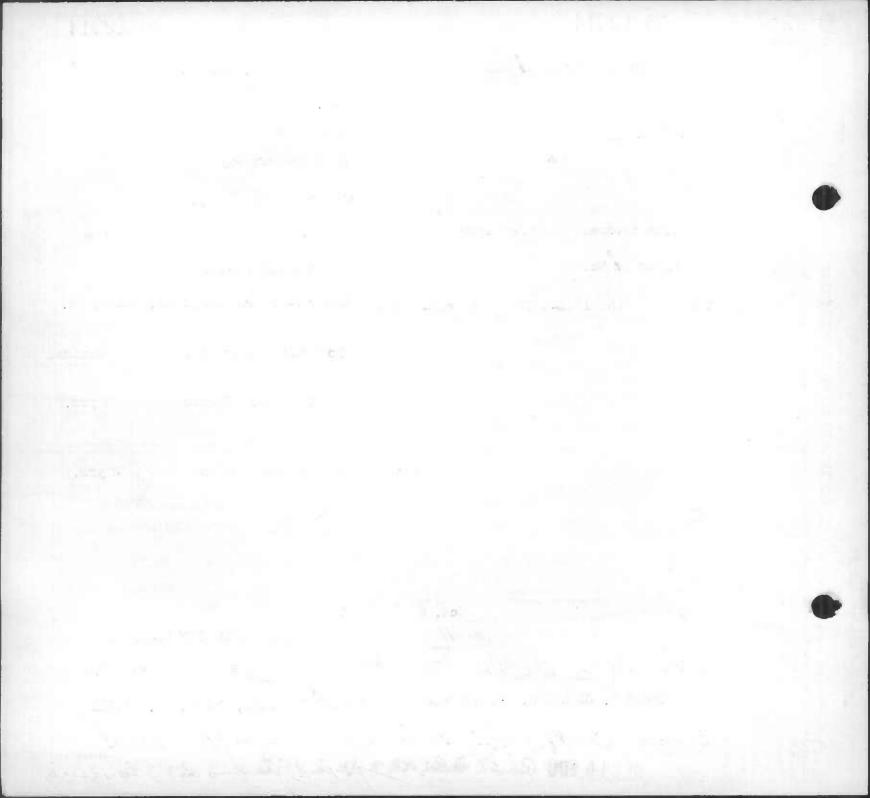
	BALTIMORE CITY	HEALTH DEPARTMENT		70 12213			
I-50070 12318	CERTIFICA	TE OF DEATH	REG. NO	10 11420			
I. NAME OF DECEASED		. 2. DATE AND	HOUR OF DEATH				
(Type or Print)	un ar	14.	7-13-	70 11/1/02			
1, NNEG	010/6	4. USUAL RESIDENCE (Where	descend lived II is	1 - 40 B.M.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	A. STATE B. COUNT		istribution: residence before odmission)			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU	TION, GIVE STREET	C. CILY-OR TOWN	D INS	IDE CITY LIMITS?			
INSTITUTION DURCHAND N	unsing	BB/40.		YES NO			
90 150/ W. Dulle	modst.	E. STREET AND NUMBER	SRUNG	. 5%-			
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED		AGE (In years	If Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.			
/// WIDOWED	-V	3-18-81	87				
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?			
Retired	0	Vingin.	JA .	454			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E				
Hhy tinney		CLANSIE					
15. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	7	ADDRESS			
(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	Du Kulma	a/. ,	501 N. Dululand			
100	CAUSE OF DEATH			APPROXIMATE INTERVAL			
18. 44 / - 1	CAUSE OF DEATI	1	1	BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Contra a. A.	6. 10.11	1)			
	(A) IMMEDIATE CAU		TICCU.	Wasse			
(This daes not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:					
injury or complication which caused death.)							
ANTECEDENT CAUSES	(n)			Harris Salaria			
DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:					
rise to the above cause (A) stating the							
UNDERLYING CONDITION last.	(C)						
O THE DEATH BUT NOT RELATED TO THE TERMINAL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHE DEATH BUT NOT RELATED TO THE TERMINAL						
DISEASE OR CONDITION GIVEN IN PART I (A).	WICH OBERATION	120A AUTORCY2 (Vos. or No)	208 IE VEC WERE	EINDINGS CONSIDERED			
198. CONDITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	USES OF DEATH?			
U 21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Baltimor	re City, give exact lacation			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) hom etc.)	e, form, foctory, street, of	fice bldg., INJURY OCCUR?					
0	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?				
₩ OF INJURY	le At Not Whil						
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work 22. I certify that (1) (this haspital) attended the deceased from							
22. I certify that (I) (this haspital) attended th		11-25- 19		19/0,			
that (1) (we) last saw the deceased alive an	12-12-	19.70 and tha	in (my) (our) apl	Inlan death accurred on the date			
and haur and from the causes stated above. (!	and haur and fram the causes stated above. (1) (We) (did not) view the bady after death.						
23A. SIGNATURE	17			238, DATE SIGNED			
topours (1 Au			Staff	12-13-70			
2SC. PHYSICIAN'S	OEGREE Phys	Director P	Phys. 🗀	112-17-10			
NAME (Type)	CHI LES TH						
,	OEGREE						
24A. BURIAL CREMATION, 24B. DATE 24C. NA REMOVAL (Specily)	ME of CEMETERY of CRE	MATORY 24D. LO	CATION	ity, town, or county)			
Burgaro 15 -16-20 MM	+ Miteur	1 but	Salte	STEX			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR	Jane	ADDRESS			
3=0 1 6 1070 CR 4 8 Jakon	KAU 8 0	2 A.O. W. 4	1000	BRANTLEY NYE			
THE CALL THE PARTY OF THE PARTY	0.5						



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ż	directly (4)
RTA	the the kind dea
APO	his a so, if of any
2	r. Ali
TOR	mine mine fract
ERAL DIRECTOR: IMPORTANT	medical examiner or his assistant if death occurred in a hospital and C medical examiner. Also, if the direct or contributing cause of death O ly burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased O physician who pronounced death was in regular attendance on the
IL D	edical dical urns; ysicio
ERA	me me

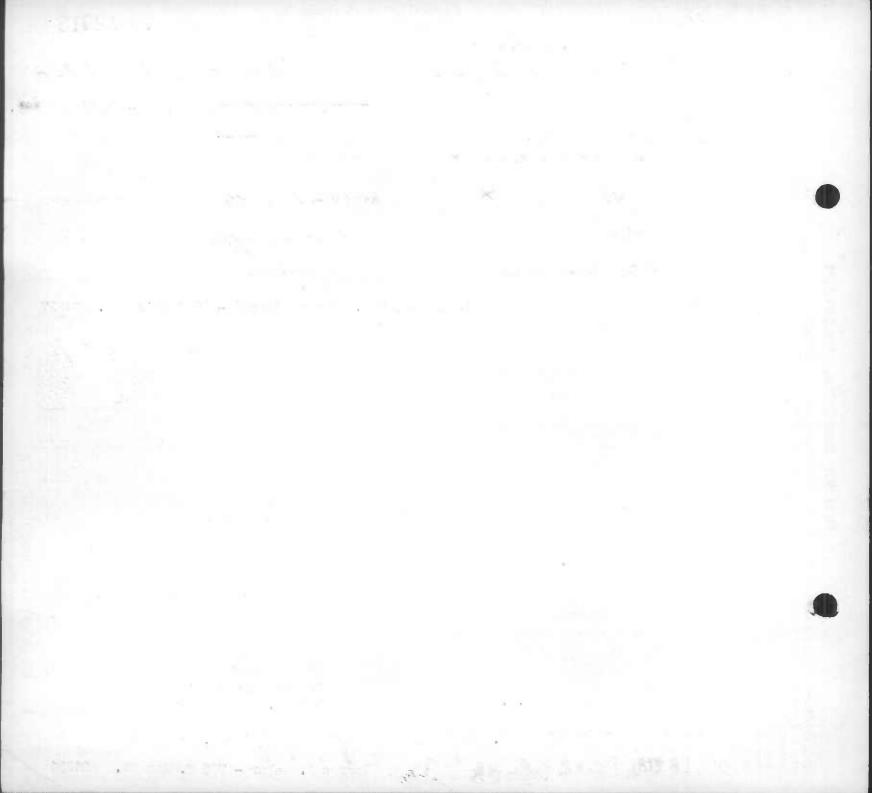
BIRTH NO.	12314			HEALTH DEPARTMENT	REG. NO	'70	12314	
I.NAME OF DEC		0			AND HOUR OF DEAT	Н		
L. A	Andrew Angelo			D	ec. 14, 1970)		A.A
3. PLACE IN BALT	IMORE MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE B. COL	here deceased lived, if		: residence before ode	mission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Md.			2636	6
	OSPITAL			c. CITY OR TOWN Baltimore	D. IN	ISIDE CITY		
99	DOA			E. STREET AND NUMBER	rs Way	163		
M	6. RACE	WIDOWED		8. DATE OF BIRTH 1/6/26	9. AGE (In years lost birthday)	II Un Month	der 1 Yr. II Under	24 Hrs. Min.
done during most of w	PATION (Give kind of work rorking life, even if refired) Messman	Seafe		11. BIRTHPLACE (Stole or fo	reign country)	12. CI	USA	DUNTRY?
13. FATHER'S NAM	NE @			14. MOTHER'S MAIDEN N	AME			-
Angel	o De Meo				a Martina			
15. Wos Deceased	Ever in U. S. Armed Fore	ces?	1 6. SOCIAL	17. INFORMANT	- 1002 0220		ADDRESS	
Yes	USN 1941-1		SECURITY NO. 219=18-5880	Records_ U	S PHS Hospit	al, E		
18. 4	0191		CAUSE OF DEAT				APPROXIMATE INT	
	E OR CONDITION DIR	ECTLY		Myocardial	infonation			
(This does no	it moon the mode of	dying, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	Intarction		Termina	Τ
injury of comp	isthenio, etc. It means dicotion which coused	the disease, deoth.)		A CONSEQUENCE OF				
A	NTECEDENT CAUSES			Coronary arte	erv disease		2 yrs.	
DISEASES OF	R CONDITIONS, IL	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	- V	***********	720.	hamilion-sireps
UNDERLYING	above couse (A) CONDITION last	stating the	(c)					
	11		\C/	***************************************				
IO THE DEATH	CANT CONDITIONS CON BUT NOT RELATED TO THE INDITION GIVEN IN PART	E TERMINAL	****************	t premature con			2 yrs.	
	OPERATION 198 CONI WAS PERF	ORMED		20A. AUTOPSY? (Yes or I	No.) 208, IP YES, WERE IN CERTIFYING C.	FINDING AUSES OF	S CONSIDERED	
DEATH (notify t	WAS UNDERLYING THE	hom etc.J	a, farm, fociory, street, of	or about 21 C. WHERE DID ince bidg., INJURY OCCUR?	(If In Boltime	ore City, g	ive exoct location)	
21D. TIME OF INJURY IAPPROXI	(Month) (Doy) (Year)		INJURY OCCURRED Not While k At Work	21F. HOW DID IN	JURY OCCUR			
22. 1 certify t	hot (1) (this hospital)	attended th	ne deceased from		_19ta		19	
	ast saw the decease		0ct. 6	19 ⁷⁰ ond t	hat in (my) (our) op	inion de	oth accurred on th	ne dote
and hour and	from the causes state	ed abave. (1	(We) (did not) vi	lew the body ofter death.	DOA CITY			
23A SIGNATUR		D-11	20 8				TE SIGNED	
Duc	all & L	Till	Con Phys	nding Med.	Staff Phys.	12	2/15/70	
23C. PHYSICIAN NAME (Typ Rona	S CALLER	a		3D. ADDRESS				
			DEGREE	US PHS Hospi	tal, Balto,	Md.	21211	
BURIAL CREM REMOVAL (Sp	ATION, 24B. DATE DEC M	70 H	Whe of CEMETERY of CRE	MATORY 24D.	DA HO	ity. town,	or county) (S	itote)
25A. DATE REC'D	THEALTH DEPT.	25B. NAME O	F REGISTRAL	250 FUNERAL DIRECTO	* /		ADDRESS	9
	DEC 16 RA	Valent	E. Tables, Tal.	Theph I V	duran 21	25	Commence	1

VS 150-REV. 1/1/68 und 263 5 CONKLING



FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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1		BALTIMORE CITY	HEALTH DEPARTMENT	1	70 40045
BIR	TH NO. 70 19	CERTIFICA	TE OF DEATH	REG. NO	/U 12/815
1.1	IAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
	PLACE IN BALTIMORE, MARYLAND, WHERE PR	agness f.	le	0.14,19	701 11:15 AM
			4. USUAL RESIDENCE (Who A. STATE B. COU	NTY	stitution: residence before admission
HC	LL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	ASTITUTION, GIVE STREET	C. CITY OR TOWN		and - Baltimore
	Bon Selaw Hasp.		Baltinias	Snell	YES NO X
6	Bactimore & Pulas &	Start	E. STREET AND NUMBER		5300
5. 5			8. DATE OF BIRTH	9. AGE (In yoors	1 11 11 dec 1 Vo. 11 11 dec 24 11
	5	WED DIVORCED	12-16-97	lost birthdoyl	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10 B. KIN during most of working life, even il refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or fore	eign country!	12. CITIZEN OF WHAT COUNTRY?
	Housewife		misnis	sies:	4.5.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME //	
10.1	Jaseph Wisnesh	li	Jesephi	al	
(Yes	Vas Deceased Ever in U. S. Armed Forces? , no or unknown! (If yes, give wor ar doles of serv	Ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
-	No. 18. / / /			well - 3000	Ohmo Ave. #21227
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATI	0 1 1	2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAU	SE Cellsio Vaseu	lar Lecide	W 3days
	(This does not meen the made of dying, head failure, osthenia, etc. It means the disc	C.C. DUETO OR AC	A CONSEQUENCE OF:	*********	***************************************
	injury or complication which caused death.) ANTECEDENT CAUSES	Angelia	Selevosis Carde	ovangular D	100
	DISEASES OF GOVERNMENT	ving (B) DUE TO, OR AS			
	rise to the above couse (A) sloting UNDERLYING CONDITION tast,	the (c) Lly ph	Eusine Cardin	iscule Dexe	tre
	11				***************************************
NOIL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG NAL			
<	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION [198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	o) 20B, IF YES, WERE F	INDINGS CONSIDERED
ERTIFIC	WAS PERFORMED			IN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?
0	21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21& PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.)	or obout 21 C. WHERE DID	(If In Boltimore	City, give exact locotion)
MEDI	OF INJURY (Month) (Doy) (Year) (Hour	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2	(APPROX.)	While At Not While At Work			
	22. I certify that (I) (this haspital) attend	1 . 1	MA ()	19 20 to	DEC 14 1970
	that (1) (we) last saw the deceased alive			at in (my) (aur) apin	Ian death occurred an the date
	and haur and fram the causes stated abov	e. (i) (We) (did) (did nat) vi	ew the body after death.		23B, DATE SIGNED /
	Manuels	Atter	Med. Director	Shaff Phys.	Dec/14/70
	200 20000				
	23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS Bon Seco	ours Hospita	L
	Manuel Galdos M.	D. DEGREE	2025 W.	Fayette Str	eet
	Manuel Galdos Mol	Degree C. NAME OF CEMETERY OF CREE	2025 W. MATORY 24D. L	Fayette Str	town, or county) (Stote)
24A	Manuel Galdos Mol Burial CREMATION, 248. DATE REMOVAL (Specify) Burial 12/17/70	D. DEGREE C.NAME OF CEMETERY OF CREE St. Stanislaus Co	Bon Section 2025 W. MATORY 24D. L. Emetery Ba	Fayette Str	eet . lown, or county) (Stote) yland
24A	Manuel Galdos Mol Burial CREMATION, 248. DATE REMOVAL (Specify) Burial 12/17/70	Degree C. NAME OF CEMETERY OF CREE	2025 W. MATORY 24D. L	Fayette Str	yland ADDRESS



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

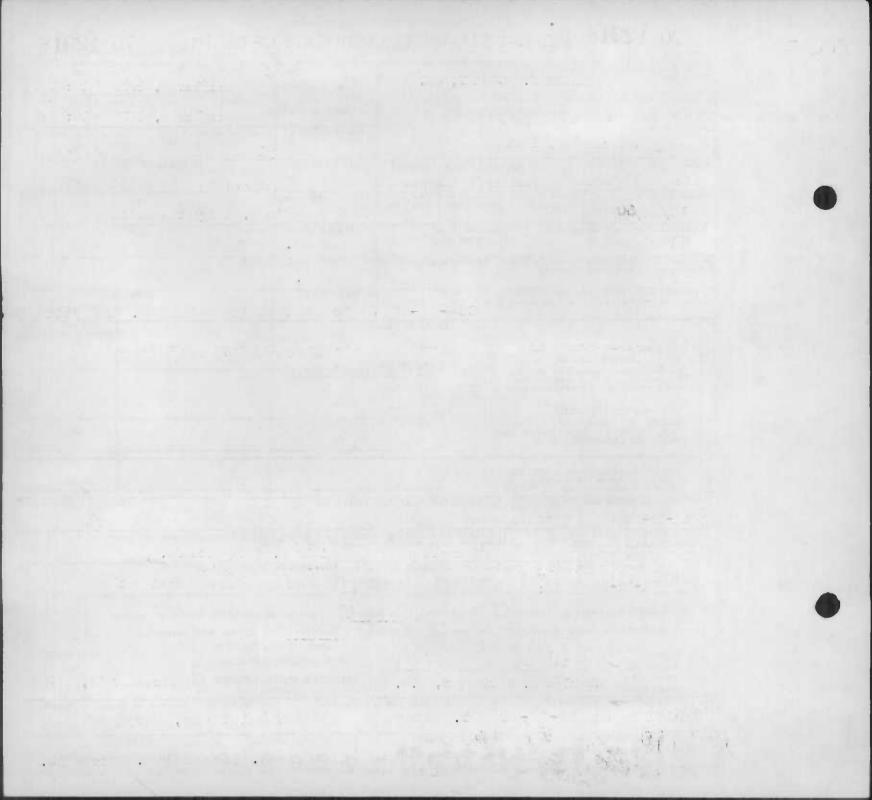
L-320 /U LEALD CEPTIFICA	THEALTH DEPARTMENT REG. NO.	0 12316
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
LONG HELEN CONSTANCE		1 F 20 D
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	14. USUAL RESIDENCE (Where deceosed lived, If institution as STATE B. COUNTY	5:30 PM.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	BALTIMORE C. CITY OR TOWN D. INSIDE CIT	202
ST. AGNES HOSPITAL	BALTIMORE	
70 CATON & WILKENS AVE	E. STREET AND NUMBER	
BALTO MD. 21229	225 S. REGISTER STREET	
FEMALE WHITE WIDOWED DIVORCED	June 28, 1914 56	nder 1 Ye. If Under 24 Hrs. hs Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)		THE OF WHAT COUNTRY
HOUS EWIF F	MASSACHUSTEES	U. S. A.
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	0. 0. A.
WALTER GIETKA	MARY (BRILLINSKI) Brylinsk	
15. Was Deceased Ever In U. S. Armed Forces? 16. SOCIAL		
NO SECURITY NO.		MD: 21229
18./// CAUSE OF DEATH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	000.	BETWEEN ONSET AND DEATH
LEADING TO DEATH	se entote	45 min.
heart failure, ashenia, etc. it means the disease,	A CONSEQUENCE OF:	
injury or camplication which coused death.)	To see which y	
ANTECEDENT CAUSES (8)	ile myocardial Inf	12 doys.
DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS isse to the above cause (A) stating the	A CONSEQUENCE OF:	
UNDERLYING CONDITION last. (C)	SCVD.	unk.
✓ DISEASE OR CONDITION GIVEN IN PART 1 (A).	states melliters.	12 720-
198. CONDITION FOR WHICH OPERATION WAS PERFORMED TO SOUTH OF STATE OF THE PROPERTY OF SOUTH OF THE PROPERTY OF	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS CONSIDERED
U 21A ACCIDENT WAS UNDERLYING 121K PLAGE OF INJURY (e.g. in	N	
OR CONTRIBUTING CAUSE OF hame, form, factory, street, off pearst linelify medical examined	For oboul 21 C. WHERE DID (If in Baltimore City, INJURY OCCUR?	give exoct location)
21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
IAPPROX.) While At Not While At Work		
	OVEMBER 7 19 70 to DECEMB	ER 15 19 70
thatXiX(we) lost saw the deceased alive on DECEMBER 12		The state of the s
and hour and from the causes stated above. (1) (We) (did) (did not) vi		on the duty
23A SIGNATURE		ATE SIGNED
GEOREE Phys.	Med. Stoff Phys.	2/15/70
192C British and	3D. ADDRESS	TO MD. 21229
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE		, or county) (Stote)
Burial 12/19/70 St. Stanislaus C	emetery Baltimore, Marylan	nd
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 15 1971 (168e. E. Sassey M.C.)	George A. Weber - 705 S. Ann	St. #21231

THE PERSON OF TH Laber or the second The Later of Profits Comments of the to the second 1575 parts . The new manufact a more tells , it not a get a mile.

	E0 4004E	BALTIMORE CITY HEALTH DEPARTMENT 70 12317
	70 12317 BIRTH NO.	CERTIFICATE OF DEATH
	I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	9' (XVM) 1	TANVISIA 3 PM 19V 19701 9:45 PM. NOUNCED DEAD 4. USUAL RESIDENCE (Vibere deceased lived, II institution; residence before admission)
	¥a.	A. STATE IR. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR IN: ADDRESS OR LOCATION) INSTITUTION	STITUTION, GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIMITS?
	111	A 1 BA HIMONE YES X NO]
	University of M	avyland an Bennett Place
	Female NEAVO WIDOW	
	done during most of working life, even if religed)	OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?
	13 FATHER'S NAME I JULY	14. MOTHER'S MAIDEN NAME
	Illash motors to	FAIRING AN EN MADER MANE
1	15. Was Doceased Ever in U. S. Armed Forces?	16 SOCIAL 17 INFORMANT; ADDRESS
II'	(Yes, no grunknown) (If yes, give wor or dotes of service	SECURITY NO.
	18. 5 7/ 01	CAUSE OF DEATH
	DISEASE OR CONDITION DIRECTLY	A SO A + WAS ALL MA CALL A
	(This does not mean the made of dying, e	.g., (A) IMMEDIATE CAUSE () 1) U U 1) I U U 1) I U U 1) I U U U 1) I U U U U U U U U U U U U U U U U U U
	heart failure, asthenia, etc. It means the disea injury ar camplication which caused death.)	se,
	ANTECEDENT CAUSES	they to alfaholia in lox colony
	DISEASES OR CONDITIONS, if any, giv	DUE TO, OF AS A CONSEQUENCE OF:
	UNDERLYING CONDITION last.	(c) CNVMC allamolism / 1155
	Z 07155 5041504150415	1 Landin Anni
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN OF LOSS ASSESSED ON CONDITION GIVEN IN PART 1 (A).	AL ALMOTIC CIVINISIS
	198. CONDITION FOR WAS PERFORMED	OR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING	7)0
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If In Boltimore City, give exact location) hame, form, loctory, street, affice bidg., INJURY OCCUR? etc.)
	D 21 D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR?
	₹ (APPROX)	While At Nat While At Work At Work
	22. I certify that (1) (this hospital) attende	
	that (1) (we) last saw the deceased alive a	n-t
		. (We) (did) (did not) view the bady after death.
	23A. SIGNATURE	MAN Attending Med. Stoff V
	23 C. PHI SICIAN'S	Miloteree Phys. Director Phys. A 12/19/70
	NAME (Type) NOUS HE Show	Sty MiD. Million: tu toon halto Mil
	24A. BURIAL CREMATION, 24B. DATE 24C	NAME OLICEMETERY OF CREMATORY 24D. LOCATION (GAY, town, or county) (State)
	Burnal 12/18/20	not (aluens Brooklyn md
		E OF REGISTRAR 125C. FUNERAL DIRECTOR. ADDRESS
		Jabe, Rd. Of Whallo a Kice 661 W. Bon
1	/S 150-REV. 1/1/6B	

Path wire University of Maryland Female Notico Maryl and Unempliyet Washington Harrison Familie Carbin Old Charts-Vance Hage. Kopwation Neumana Heute alegalic interception Chronic alsoholisin Hepartie Christians

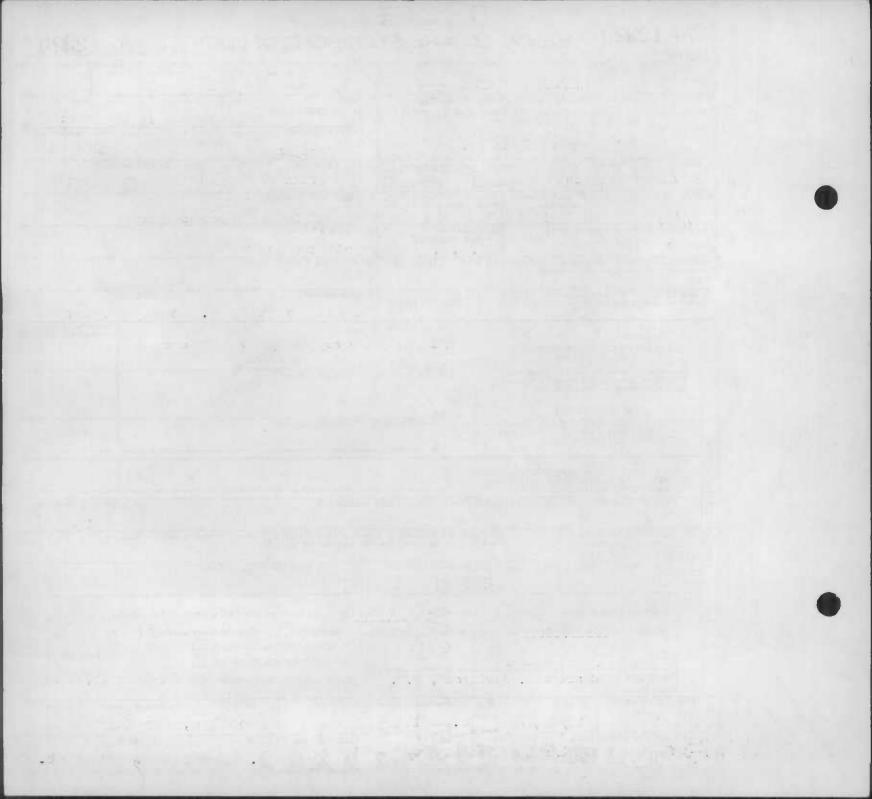
70 12318 MEDICAL EX	XAMINER'S			DEAT	H REG NO	70	12218	9
I. NAME OF DECEASED (Type or Print) RALPH W. MC CH		2. DATE OF DEATH	Known 🔀	Month	ber 9,	Year	Hour 10:00	Р
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONCE FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) OR INSTITUTION		3. DATE PRONOU	NCED DEAD	Month Decem	ber 9,	Yeor 1970	10:00	PM
Lutheran Hospital		S. USUAL RE A. STATE	SIDENCE (Where Mary 1a		ed. If institution B. COUNTY	n: residence l	before odmissi	on)
6. SEX 7. RACE B. MARRIED [Male Negro WIDOWED [NÉVER MARRIED	C. CITY OR			D. INSIDE C	-	🗖	+-
9. DATE OF BIRTH 10. AGE (In years If Ur Mont	oder 1 Yr. If Under 24 Hrs. hs Days & Hours & Min.	E. STREET A	Baltin ND NUMBER				No L	
11. BIRTHPLACE (State or loreign country) 12. C	ITIZEN OF VHAT COUNTRY?	13. FATHER'S		• Laia	yatte S	treet		
I 4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF I done during most of working life, even if relired)	BUSINESS OR INDUSTRY	15. MOTHER		AE.				
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service)	17. SOCIAL SECURITY NO.	IB. INFORM	ANT	Char	7428 .	DDRESS	Farma # 1	
(This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. it meons the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	(6)	AS A CONSEQU						
O TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	WHICH OPERATION WA	S PERFORME	D			I21. AUTO	PSY? (Yes or I	No)
Z22A. EXTERNAL CAUSE WAS UNDERLYING WORD CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22 OF INJURY ADOLUT	LACE OF INJURY(e.g., form, factory, street, office idewalk	22	F. HOWDID INJ	ury occu	R?	Y (section)	es	
I certify that I held on Inquiry resulted from: Natural causes Academy	Inspection Aut	ASSIST ASSOC	HIEF MEDICAL E	Is basis, of Judetermin KAMINER KAMINER KAMINER	death in my ed manner [opinion		0
25A. DATE REC'D BY HEALTH DEPT. DFC 16 1970 258. NAME (of registrar		DE A DIRECTO	R	A	DDRESS		e



70 12319 MEDICAL EXA	AMINER'S	CERTIFIC	CATE OF	DEATH	REG. NO	70 1	2319
1. NAME OF DECEASED (Type or Print) MARY ETTER SHURO	N	2. DATE OF DEATH	Known 🔯 Estimoted 🗆	Month Decemb	Doy er 12,	Year 1970	Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUS FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) 804 West Vine Street	, GIVE STREET	3. DATE PRONOU 5. USUAL RE A. STATE	NCED DEAD SIDENCE (Where	deceased lived	Doy er 12, . If Institution: COUNTY		3:36 P. M.
6. SEX 7. RACE 8. MARRIED WIDOWED TO	NEVER MARRIED	C. CITY OR	rown Baltimore	D	. INSIDE CIT	(44)	40 🗆
9. DATE OF BIRTH #0.AGE (In years # Unde	Days Hours Min.		ND NUMBER 804 West	Vine St			
Maryland	ZEN OF AT COUNTRY?	13. FATHER'S					
i 4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUILD done during most of working life, even if refired)		Unk.		AE			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (if yes, give wor or dotes of service)	SOCIAL SECURITY NO. 17-52-511 CAUSE OF DEA		Mittre	11 425			ROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenia, etc., it meons the disease, tajury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	(B) DUE TO, OR	CAUSE AS A CONSEQU AS A CONSEQ	UENCE OF:				
				III to Dolates and		ı	VO
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. Z2D. TIME (Month) (Doy) (Year) (Hour) 22E. OF INJURY (APPROX.) 23. 1 cortify that I held on Inquiry I	nspection X Au	WHÎLE 22	F. HOW DID IN	IURY OCCUR	eath in my c	ppinion	
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Resulted from: Natural couses X Acc ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles S. Spri	Jack M.D	ASSIS	HIEF MEDICAL E TANT MEDICAL E CIATE MEDICAL E	XAMINER C	3		DATE SIGNED
REMOVAL (Specify) 12/18/70 11	NAME of CEMETERY	pel	M	adison		ylund	(State)
QEC 16 BY CALL STATE OF STATE	FREGISTRAR	25C, F	TIPS 1.			• July	ro St.

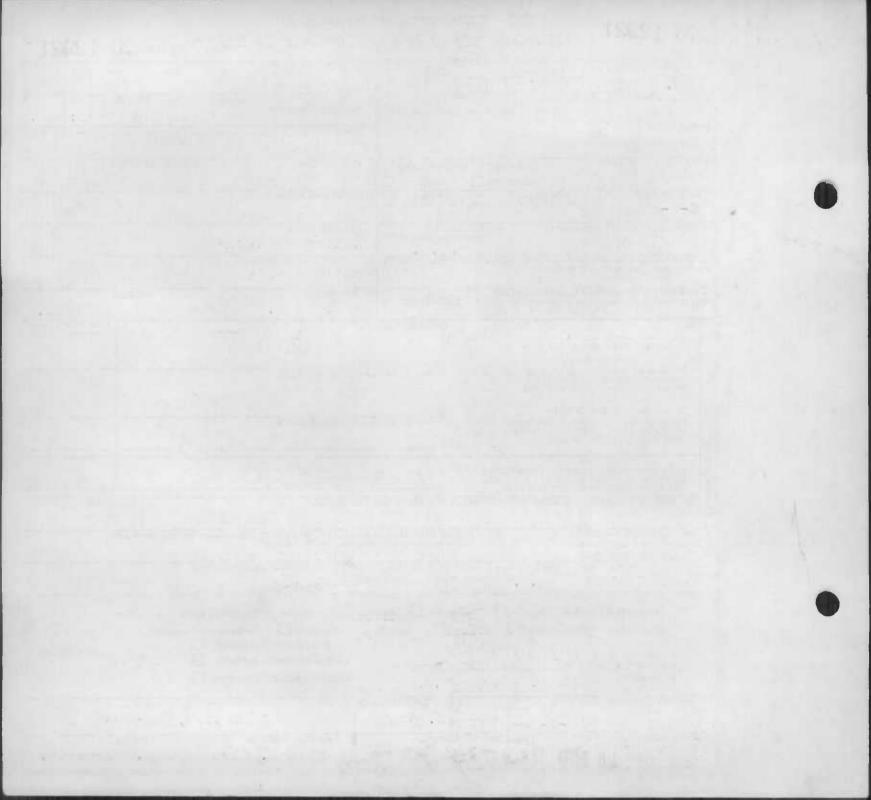
	70 12	5350	MED	DICAI	L EX	KAMINER'S			OF [DEAT	Н		70	122	20
BI	RTH NO.										REG. N	10	10	all Parkey	100
	NAME OF DE	CEASED	LILLIA	N C	CHIL	ES	2. DATE OF DEATH	Known Estimated	. [Month	Doy her 1	7	Year 1970	Hour	
4.	PLACE IN BA	LTIMORE, M	ARYLAND, V	WHERE P	RONG	UNCED DEAD	3. DATE			Decem Month	Der I	4	Year	Hour	М
HC	LL NAME OF SPITAL INSTITUTION	(IF NO	OT IN HOSPIT.	AL OR INS	TITUTII	ON, GIVE STREET		UNCED DEAL			ber 1				:40 PM
	00	1832 We	est Bal	timor	e 2	Street	A. STATE	Marylai			B. COUN		20	- ()	mission)
6.	SEX	7. RACE		8. MARI	RIED [NEVER MARRIED	C. CITY O	NWOT			D. INSID	E CITY	LIMITS		
	Female	Ne	egro	WIDOV	WED [DIVORCED		Baltimo	ore			YES	[X]	No 🗆	
9. 1	DATE OF BIRT	TH	IO. AGE (I			nder 1 Yr. II Under 24 Hrs. hs , Days , Hours , Min.	E. STREET	AND NUMBE	ER			1-0	40	110	
	6/18/3	2	39	Α]	MOH	ns bays Hours Min.		1832 W	oet :	Ralti	mara	Ctr.	oot		
11.	BIRTHPLACE (Stole or fore			12. C	ITIZEN OF	13. FATHER		CSL	Darti	HOLE	DLL	SEL		
	Maryl	and				YHAT COUNTRY?	2677	mon He	oole						
144	USUAL OCCU	UPATION (GI	ive kind of work	148. KIND	OF	BUSINESS OR INDUSTR									
don	eduring most of	working lile, e	ven Il rettred)												
14	WAS DECEAS	SED EVED IN	III S ADME	LODCE	62	17. SOCIAL	18. INFOR	mie G	1 6			ADE	2220		
(Ye	, no or unknown	(il yes, give	wor or dotes	of service)	SECURITY NO.	100			-			RESS		
_	100		1				1	Le Fool	KS L	03 5.	OL	31.			
	19.	28				CAUSE OF DEA	TH							UPPROXIMATE	
	DISEAS	SE OR CON	DITION DIRE	CTLY		Chronic p	ulmona:	cy emphy	ysem	a wit	h cor				
		LEADING T	O DEATH			(A)IMMEDIATE	Alise	pulmo	onal.	e					
	(This does t	not mean the e, osthenio, ét	mode of dy	Ing, e.g.,		DUE TO, OR	AS A CONSEC	UENCE OF:							-
NO	DISEASES RISE TO TH	OR CONDIT LE ABOVE CA NG CONDIT	IONS, IF ANY	, GIVING TING THE		(B) DUE 10, OR	AS A CONSE	QUENCE OF:							
CERTIFICATION	TO THE DE	NIFICANT CO ATH BUT NO R CONDITION	T RELATED TO	THE TERM	INAL										
ERT						WHICH OPERATION W	AS PERFORM	LED				2	I. AUTO	OPSY? (Ye	s or No)
O														Yes	
EDICAL	22A. EXTER	NAL CAUSE			22B. P	LACE OF INJURY (e.g., farm, factory, street, office	In or about : bldg., etc.) [2C. WHERE D	DID (II I	n Boltimar	City, give	exact	location)	Ies	
ME	UTING CA 22D. TIME OF INJURY		ATH. Doy) (Year	r) (Hou	r) 22	E.INJURY OCCURRED	- 2	2F. HOW DIE	D INJU	RY OCCU	R?				
	(APPROX.)				m. W	HILE AT NOT AT W	WHILE ORK								
		tifu shas 1 k	ald an fi		7	Innested T	topsy X	1.1.	- 41 1						
		tify that I h				Inspection Au	topsy LXI	and that	on this	basis, d	leath in a	ny op	Inion		
	resul	ted from: h	Natural cau	ses X	Ac	coldent L Suicid	e H	micide L	Un	determin	ed manne	M			
	ACTUAL	0	0 (1	~ \)	1)		CHIEF MEDIC	CAL EXA	MINER				DATE CH	CNED
	SIGNAT		uark.	207	1	2 galmo	ASSI	STANT MEDIC	CAL EXA	MINER	X			DATE SIG	SIVED
	EXAMIN	ER'S	Charles	S. S	pri	ngate, M.D.		CIATE MEDIC	CAL EXA	MINER	Dec	emb	er I	12, 19	70
	NAME (1	Type)													
	A. BURIAL CREI	MATION,	24B. DATE		240	NAME of CEMETERY	or CREMATO)RY	24D. LO	CATION	(City, I	own, o	r county) (5	late)
	urial		12/18	3/70		Mt. Calver	y		Bro	ookly	THE RE	art	rlan	č	
25/	. DATE REC'D	BY HEALTH	DEPT.	25B. N	AME	OF REGISTRAR	0	UNERAL DIR			-	0	RESS		
	nc	CIRI	COMP (P)	R. A	ET	a Can CAR Bol	2 000			20.0	200			20.55	54-
	UE	LATO	JIU Va				JUL	A. L. B. L.	1000	TILL	001	1 6 0	de de la	rre	200

VS 151-REV. 1/1/68



BALTIMORE CITY HEALTH DEPAR	RT	MENT	ď.
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70 12321 MEDICAL EXAMINER'S	
1. NAME OF DECEASED illia ilbur hitacor	2. DATE Known Manth Day Year Hour OF Estimated Manth
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD December 1,1970 5:55 P.,
573 Moore Street	5. USUAL RESIDENCE (Where deceased lived. If Institution; residence before admission) A. STATE Maryland B. COUNTY
6. SEX Negro Never MARRIED NEVER MARRIED NIVORCED NIVORCED	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS?
9. DATE OF BIRTH 6-9-39 10. AGE (In years Wonder 1 Yr. If Under 24 Hrs. Months: Days Hours Min.	
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Wilbur Whitaker
14A-USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME Dolla Martin
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (Il yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS Lorretta R. Frazier 856 Carroll St.
LEADING TO DEATH (This does not meen the mode of dylon, e.g., (A)IMMEDIATE C	TH APPROXIMATE INTERVAL SETWEEN ONSET AND DEA
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Metamorphosis of Liver
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	yes
UNIDERCYNING TO CONTRIB. UTING TO CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 12-1-70 P.M. WHILE AT WORK AT W	573 Moore Street 22F. HOW DID INJURY OCCUR?
I certify that I held an Inquiry Inspection Autorised from: Natural causes Accident Solicid ACTUAL SIGNATURE EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.	and that on this basis, death in my apinion Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINED
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify) Burial 12-7-70 Mt. Aubu	(Side)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS C) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
VS 151-REV. 1/1/68	

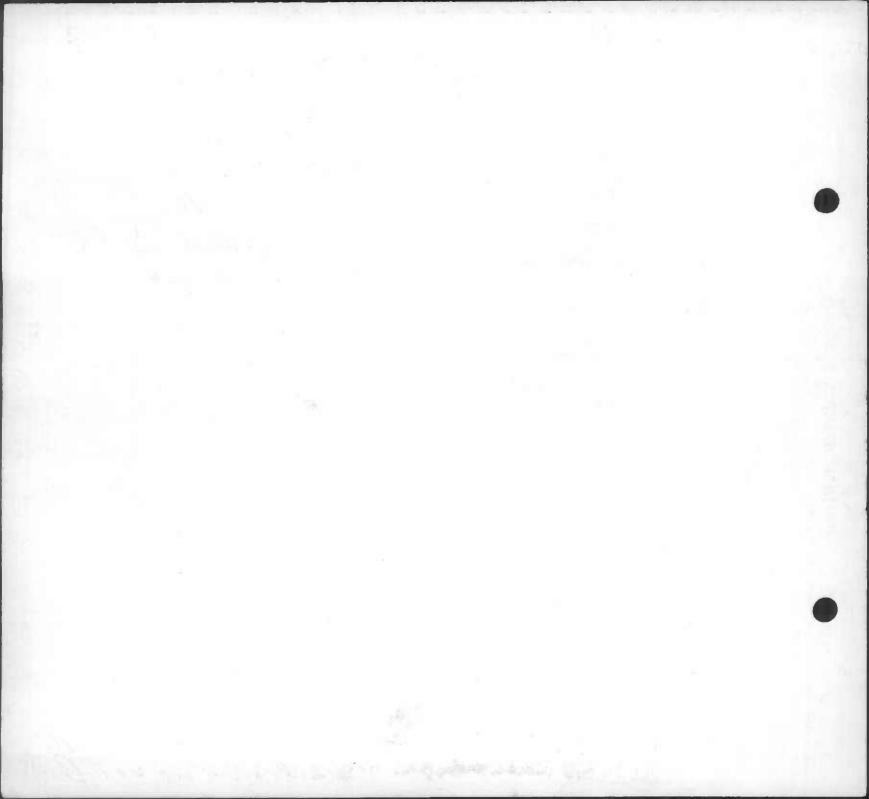


VS 150-REV. 1/1/68

RAITI	MORE	CITY	HEALTH	DEPART	TARRET

REG. NO.	70	12222

ыкти No. 70 12322	CERTIFICA	TE OF DEATH	REG. NO	70 123	22
1. NAME OF DECEASED (Typo of Print) Hild & F. dwg.	J. OT HILD.	A, BURKE 2. DATE AL	ND HOUR OF DEATH	7016.	50 P M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. If in		
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATIONI	. ,	c. CIT OPTOWN	D. INS	IDE CITY UMITS?	1
38 University H.	spite 1	E. STREET ATVO NUMBER	nore	YES N	10 🗌
5. SEX 6. RACE 7. MADDIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Hadas 1 Vs	Il Under 24 Hrs.
WIDOWED	DIVORCED	1930	lost birthdoyl	Months Days	Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF lone during most of working tile, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore	1	12. CITIZEN OF	A COUNTRY?
John Jackson		14. MOTHER'S MAIDEN NA	ME	0	V
Wos Deceosed Ever in U. S. Armed Forces? Yes, no a unknown! (If yes, give wor ar doles of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	9	ADDRES	55
18. 354 91	CAUSE OF DEATH	1			IMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		0 .	,	· OCT WEEK	ONSET AND DEATH
(This does not meen the mode of dying, e.g.,	(A) IMMEDIATE CAU	SE Primery A CONSEQUENCE OF:	myo cord	(4)	10
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	01	sc-se wit	n mit-	1 1	month
ANTECEDENT CAUSES	100 J 1	viuspid 1		nes	
DISEASES OR CONDITIONS, il any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	***********************	7	****************
rise to the above cause IA) stating the UNDERLYING CONDITION last.	(c)				
II	(9/1000000000000000000000000000000000000				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
DISEASE OR CONDITION GIVEN IN PART 1 (A).	Wich Opphysion	120 A A LIBO BOYO (V	V ode to the same	*******	
WAS PERFORMED	VHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	USES OF DEATH?	ERED
D 21 A. ACCIDENT WAS UNDERLYING 21 B.	e, form, foctory, street, of	n or about 21 C. WHERE DID	(If In Boltimor	e City, give exoct lo	cotion)
= IOF INJURY	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
22. I certify that (1) (this hospital) attended th		Trie	19 70 to 1	2/0	30 70
that (1) (we) last sow the deceased alive on		2 >	at In (my) (our) op!	nlan death occur	red on the date
ond hour and fram the causes stated abave (1					100 011 1110 0010
23A. SIGNATURE		on the day and death,		23B. DATE SIGNED	
Louis S. Tromas M	Dham	nding Med.	Shaff Phys	1211	11-12
23C. PHYSICIAN'S NAME IType)	DEGREE	3D. ADDRESS	,		0/10
24A. BURIAL CREMATION, 24B. DATE 24C.NA	ME of CEMETERY OF CRE	MATORY 24D. L	OCATION (CI	ty, town, or countyl	(Stote)
Bund 12/15/70 W	I Calvery	1	rookly	2	noll.
SA. DATE REC'D BY HEALTH DEFT. 258. NAME O	F REGISTRAR	25C, FUNERAL DIRECTOR	1010	ADDI	IESS /
DEC 16 1970 PARSON		Charle	2 WICK	0 66 10	Willand



VS 150-REV. 1/1/68

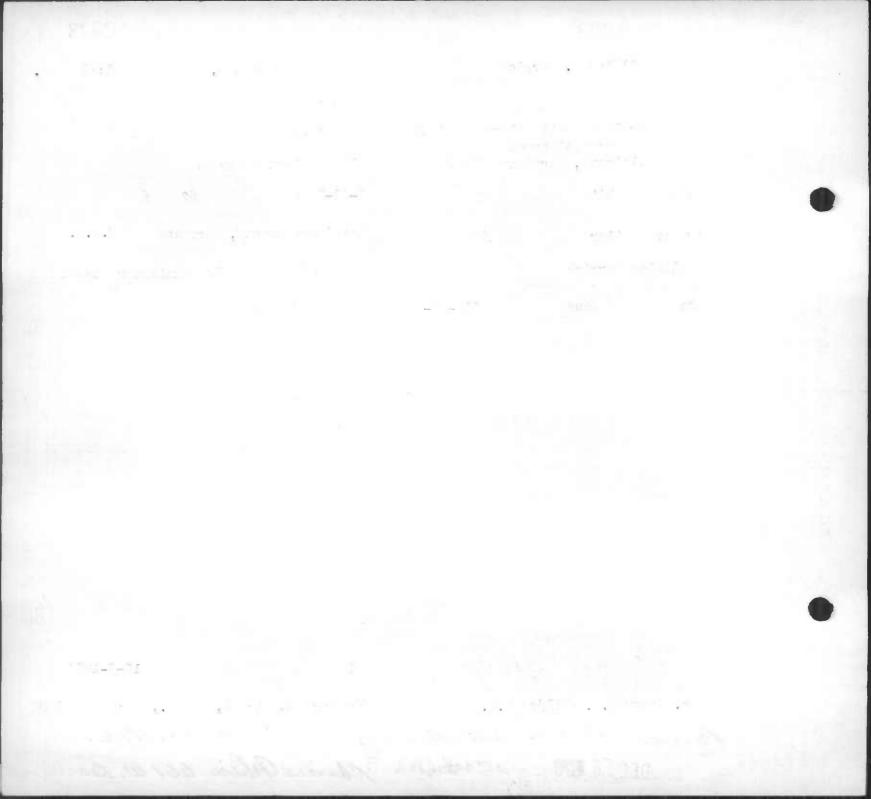
a hospital and

1940	12223	
/11	a start	

BALTIMORE CITY HEALTH DEPARTMENT

REG.	NO	70	12323

3. PLA FULL HOSPI INSTITUTE 5. SEX	Maryland Penit 954 Forrest St	HERE PRONOUNCED DEAD AL OR INSTITUTION, GIVE STREET TION)	2. DATE AND HOUR OF DEATH December 3, 1970 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before o A. STATE B. COUNTY Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before o B. COUNTY
FULL HOSPI INSTITUTE S. SEX	NAME OF LIF NOT IN HOSPITATION ADDRESS OR LOCA MATTER STATEMENT OF LOCA	HERE PRONOUNCED DEAD AL OR INSTITUTION, GIVE STREET TION)	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before o
HOSPITION STATE	Maryland Penit 954 Forrest St	(TION)	II THE TANKE
Ma	954 Forrest St	antipur Hamital	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Ma			Baltimore YES NO DE. STREET AND NUMBER
Ma	Baltimore, Mar		725 Lexington Street
INV 02	ale White	7- MARRIED NEVER MARRIED NOT	8. DATE OF BIRTH 5-23-1888 9. AGE (in yeors lift Under 1 Yr. If Under 1 Yr. Hours Poys Hours)
F1:	reman & Oiler	None	Baltimore County, Maryland U.S.A.
	THER'S NAME		14. MOTHER'S MAIDEN NAME
	William Carrick	2	HOOKER 725 Lexington Street
	s Deceased Ever in U. S. Armed Force or unknown) (It yes, give war or dates NONO	es? set service) 16. SOCIAL SECURITY NO. 218-09-4056 CAUSE OF DEATI	Becards Address
DIS	DISEASE OR CONDITION DIR LEADING TO DEATH his does not mean the mode of port failure, asthania, etc. Il meons jury or complicotion which caused ANTECEDENT CAUSES ISEASES OR CONDITIONS, if a to the abava cause (A) NDERLYING CONDITION lost.	dying, e.g., the disease, dooth.) (A) IMMEDIATE CAU DUE TO, OR AS (B) DUE TO, OR AS	SE A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:
ATION OIL OIL	THER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION GIVEN IN PART ADDATE OF OPERATION 198. COND	E TERMINAL 1 (A). THOM FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notily medical examine)	21B.PLACE OF INJURY (e.g., in hame, farm, foctory, street, affact.)	or obout 21 C. WHERE DID (II In Baltimore City, give exect location) ica bidg., INJURY OCCUR?
21D OF	D. TIME (Manth) (Doy) (Yeorl INJURY PPROX.)	(Houd) 21 E. INJURY OCCURRED While AI Not While Work At Work	21F. HOW DID INJURY OCCUR?
tho	I certify that (I) (this hospital) at (I) (we) last saw the deceased d hour and from the causes state		2 19 20 and that In(my) (our) opinion death occurred on the body after death
23A.	SIGNATURE MAN	Holljes DEGREE Phys.	ding Med. Staff 12-3-1970
D 24A. BU RE	C-PHYSICIAN'S NAME (Typel Dr. Henry M.D. Holl; BRIAL CREMATION, 248, DATE EMOVAL (Specify) 12-10-2		954 Forrest Street, Balton, Maryland 21 MATORY 24D. JOCATION (City, Iqwn, or county)



VS 150-REV. 1/1/68

BALTIMORE	CITY	HEALTH	DEPARTMENT
D. (2111110112	-111	1100-70-111	PHAKIMEN

	ווכי	12224
REG. NO	10	上人學之子

BIRTH NO. 70	12324		CERTIFICA	TE OF DEATH	REG. NO.	10 12424
NAME OF DECEA					D HOUR OF DEATH	
1ºK	DORE, MIS	5 De	ORIS	DECE	MBER 10	1970 12 AM. institution: residence before admission
3. PLACE IN BALTIA	MORE, MARYLAND, WHEN	E PRONO	UNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If i	nstitution: residence before admission)
FULL NAME OF	(IF NOT IN HOSPITAL	OR INSTITU	UTION. GIVE STREET	11		20-04
HOSPITAL OR	ADDRESS OR LOCATIO	N)	one of the series	C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
34				BALTIMORE		YES P NO
R	~	11		E. STREET AND NUMBER		
DON .	DECOURS	NO	SPITAL	100 5. WillA	RD ST.	
SEX 6.	SECOURS RACE 7.1	MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.
[EMINTE!	NEGRO IW	DOWED	DIVORCED [1./11/ 75 1070	4/ (Ms	Total State of the
A. USUAL OCCUPA	KTION (Give kind of work 10 B king life, even if retired)	KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or lore	ign country)	12. CITIZEN OF WHAT COUNTRY
	,			MARKINED		VSA.
FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME	// 1
GENA	GE MOORE	_		7	1 41 1 1 4 4	
			1 6. SOCIAL	JONES,	LILLIAI	V
es, no or unknown) (If	er in U. S. Armed Forces? yes, give wor or doles of	service)	SECURITY NO.	,		ADDRESS
NO			217-26-8808	HOSPITAL	CHART	
18. 5 9	3121		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITION DIRECT	ILY		540012	inevenible	
(This does not	meen the mode of dvi	ng, e.c.	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	monde	day
heort failure, ast	henia, etc. It means the calian which caused dea	disease,	DUE TO, OK AS	A CONSEQUENCE OF:		
	TECEDENT CAUSES	11168	6	- class		30 days
		-1-1	(B) 7	OSLNUS Inneun A CONSEQUENCE OF:	on115	55044.5
rise to the	CONDITIONS, il any, obave cause (A) sia	giving ling the	DUE TO, OR AS	A CONSEQUENCE OF:	4	
UNDERLYING C	ONDITION lost	7.4	(c)	ipraneual Insu	yicuncy	
	11			/	//	
TO THE DEATH B	NT CONDITIONS CONTRI	RMINAL				
DISEASE OR CON	DITION GIVEN IN PART 1	Al.	WICH ORDATION	120.4	V 005 /6	***************************************
21A. A CCIDENT	WAS PERFORA	AED V	AUTH OFFICE OFFI	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED
21A. ACCIDENT	WAS UNDERLYING	21R	PLACE OF INTURY (a.g. In	or obout 21C. WHERE DID	//8 t = D = 1st	o Charles and I at a
OR CONTRIBUTIN	WAS UNDERLYING CAUSE OF	homelc	e, farm, foctory, street, of	or oboul 21 C. WHERE DID fice bidg. INJURY OCCUR?	(ii in politimos	re City, give exact location)
OF INJURY	tooki (Leon (H		INJURY OCCURRED Not White	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		WOR	k - Al Work			
22. I certify tha	t (l) (this hospital) at	tended th	ne deceased from	NOV 16 1	9 70 to 0	DEC 10 1970
that (1) (we) las	t saw the deceased al	ive on	Dec 10	100		nian death accurred on the dote
and hour and fre	om the causes stated o	bave. (1)	(We) (did) (did not) vi	lew the body after death.		
23A. SIGNATURE	11 11	1 0	4			23B, DATE SIGNED
1	Manuel	Tala	Dh.m	Med. Director	Staff Phys.	Dec /10/70
23 C. PHYSICIAN'S			DEGREE	3D. ADDRESS	rnys. y-4	-110170
NAME (Type)						
A. BURIAL CREMA	TION, 24B, DATE	124C NA	ME of CEMETERY OF CRE	MATORY	SATION .	
REMOVAL (Spec	ifyl 10 11/ 2	1	11 1 ,	-	CATION (Ci	ty, town, or county) (Stolel
DUPIA	13-14-70	1		11/17 130	altimor.	ex Mary land
A DATE REC'D BY		NAME O	REGISTRAR 9	25C. FUNERAL DIRECTOR	PIRE L	6/ W TODRESS
	E 16 1970 16	Beit E	TREBEN PLAN	CHITELE CON C	2/00 00	W. DAKKG

John man Saday Amender yourselve Hamelbarldes X Sec/10/70 The state of the s

	ath occurred in a hospital and determined cause; (5) Deceased in regular attendance on the deceased prior to death. Such ion is made.
IMPORTANT	Also, if the direct or of any kind; (4) Unnounced death was attendance on the imed or final disposit
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	70 12225 BIRTH NO.		TE OF DEATH	REG. NO	70 12225			
	1. NAME OF DECEASED (Type of Print) A JONES R. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	OVENA) CED DEAD	12/13	e deceased lived II in	M, M, astitution: residence before admission)			
	FULL NAME OF HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)	ON, GIVE STREET	MARYLAND C. CITY ORTOWN		IDE CITY LIMITS?			
4	GOOD SAMARITAN,	HOSPITAL	BALTI MORE E. STREET AND NUMBER		YES NO			
	5. SEX 6. RACE 7. 884 PRICE		2665W NO					
	FEMBLE NEGRO WIDOWED TO	NEVER MARRIED DIVORCED	10-15-01	9. AGE (In years lost birthday)	Months Days Hours Min.			
	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUddne during most of working life, even if retired)	JSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn uji	12. CITIZEN OF WHAT COUNTRY?			
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAA	AE .				
	LARIE McCray		ROSE					
1	5. Wes Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
		712-14-259	& Bertha C	handler	~ 1910 Bm. 11-1			
	18. 4 PISEATS OF SOMEWHALL PROPERTY.	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		// - / -					
	(This does not moon the mode of dying, e.g., heart failure, asthenio, etc. Il means the disease,							
	injury or camplication which caused death.)		100					
	ANTECEDENT CAUSES	(B) ofice	ardio vascula	diseas				
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the		A CONSEQUENCE OF:	11 1	***************************************			
	UNDERLYING CONDITION last.	(c) 4 de	aboter mel	11. Ins	***************************************			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	******************						
	19A-DATE OF OPERATION 19B. CONDITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDERED			
	OR CONTRIBUTING CAUSE OF home, (etc.)	CE OF INJURY (e.g., In orm, foctory, street, offi	or about 21C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimore	City, give exact location)			
	21D. TIME (Month! (Doy) (Yeor) (Hour) 21E. IN. While A Work	Not While At Work	21F. HOW DID INJU	RY OCCUR?				
	22. I certify that (1) (this hospital) attended the d		11/19/900 19	20 to 12	1970			
	that (1) (we) last saw the deceased alive an	121.3			fan death accurred an the date			
	and haur and from the causes stated above. (1) (W	e) (dld) (dld nat) vi	ow the bady after death.		And a series of the series			
	23A. SIGNATURE	Atten	PA .	traff P	23B, DATE SIGNED			
	23C. PHYSICIAN'S NAME (Typel	O CONCE!	D. ADDRESS					
2.	4A. BURIAL CREMATION, 248. DATE 24C. NAME REMOVAL (Specify)	of CEMETERY OF CREA	MATORY 24D. LO	CATION (City	, town, as county) (State)			
	Burial 18/19/14 Arb	utus Mon	But Ba	Hs M1.	,, or overlap			
2.	DEC 16 STO ROBERS E.	GISTRAR AND	25C. FUNERAL DIRECTOR	och a	ADDRESS C F W 4 22			
V	\$ 150-REV. 1/1/68		1181 m 151/KI	14 14	110112 Hz			

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ROSKE

Bertha Chandler I'd B. B.

Train I HAPPITE HILL The Mary Form May

LARGE MCCory

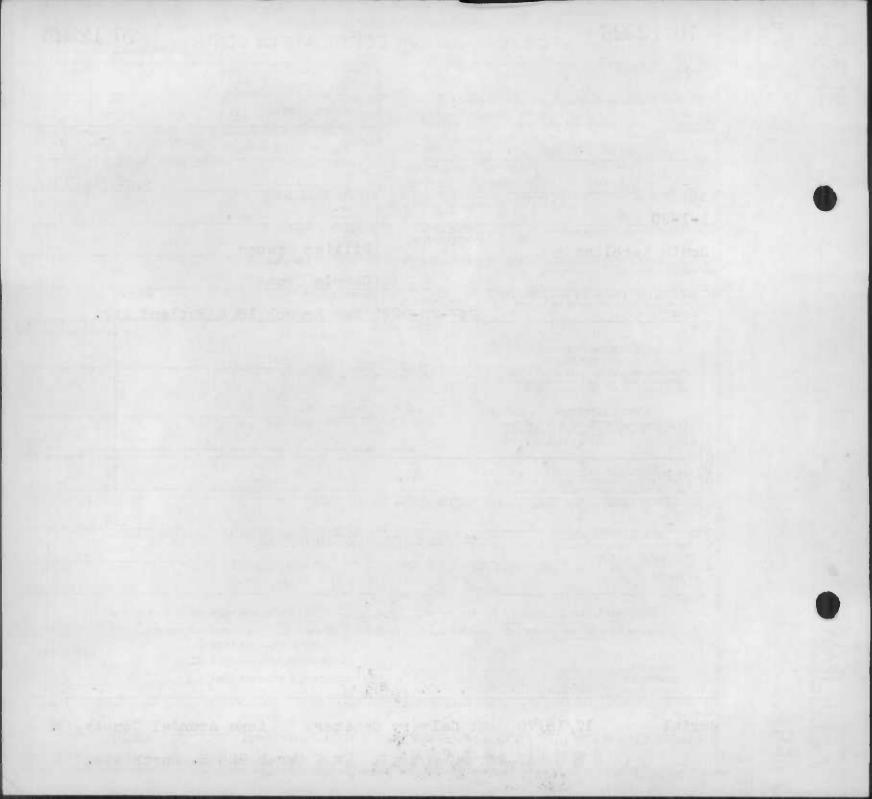
BALTIMORE CITY HEALTH DEPARTMENT

VS 151-REV. 1/1/68

70 12226

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO. 70 12226

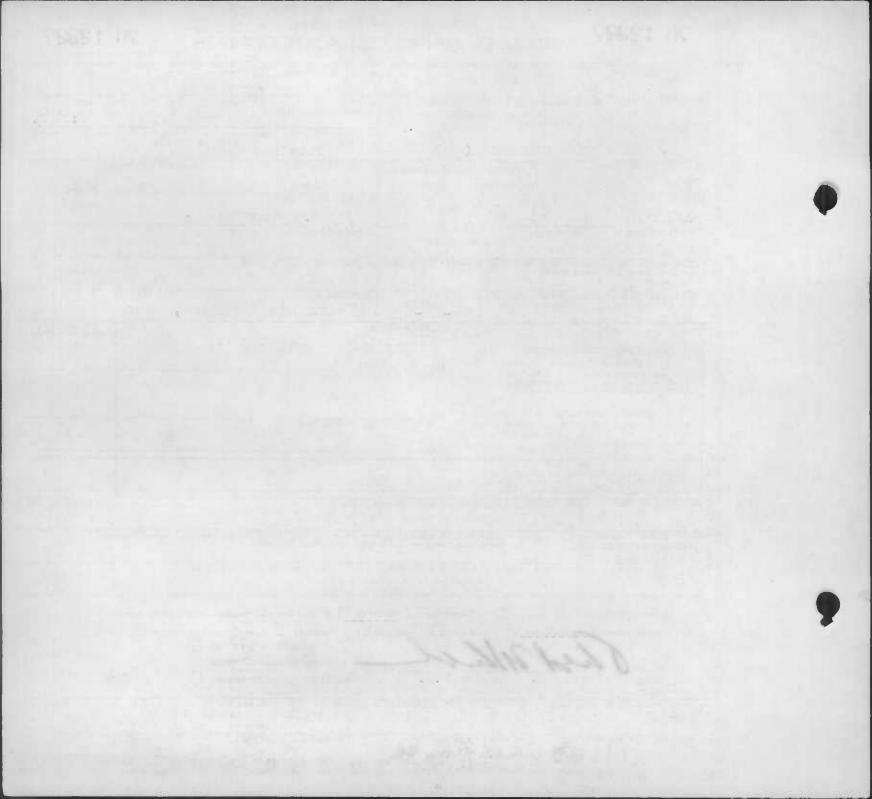
BIR	TH NO.										REG. NO.			
1. 1	MAME OF DEC	EASED					2. DATE	Known [) M	onth	Doy	Yeor	Hour	
(Ίγρ	e or Print)	(CURLY B	RANC	H		DEATH	Estimoted						М.
4. F	LACE IN BAL	TIMORE, MA	ARYLAND, W	HERE PI	RONOUNC	ED DEAD	3. DATE		M	lanth	Doy	Yeor	Hour	
HOS	NAME OF		T IN HOSPITA		TITUTION, GI	IVE STREET		INCED DEAD		L2	14	1970	4:56	M.
		1326 1	N. Bond	St.			A. STATE	aryland	vnere ged	eosed ii	B. COUNTY	8	-07	stony
6. 5	EX	7. RACE		8. MARE	RIED NE	VER MARRIED	C. CITY OR				D. INSIDE CI	TY LIMITS?		
m	ale	negro		WIDOV	p-ong	DIVORCED [Baltimo:	re		VE	s 🖾	10 O	
	ATE OF BIRTI	H	i 0. AGE (In last birthday		If Under I	Yr. Il Under 24 Hrs. bys Hours Min.		N. Bo						
	-1-20 BIRTHPLACE (S	tote or forei			12. CITIZE	N OF	13. FATHER			•	-			
						COUNTRY?								
S	outh C	aroli	na	40 May 12	OF BUILD	ECC OR INIDIICAD		am Bra						
dane	during most of w	PATION (GIV rorking life, ev	re kind of work to ren If retired)	46. KINI	OF BUSIN	ESS OR INDUSTR	TI 13. MOTHE	K 2 MAIDEN	NAME					
								e Gran	ıt					
16. Yes	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE:		OCIAL ECURITY NO.	18. INFOR	TANT			AI	DDRESS		
	Yes					7-20-922	Sam	Branch	1 18	09	Rutland	Ave.		
	9.	1.0				CAUSE OF DEA	TH						PROXIMATE IN	
	DISEAS	E OR COND	ITION DIREC	YIY										
		LEADING TO				(A)IMMEDIATE	CAUSE Fatt	y live	r					
	heart loilure	, osthenia, etc	mode of dyl c. It means the ich caused dea	disease,		DUE TO, OR	AS A CONSEC	UENCE OF:						
	infork or con	iipiicarian wiii	ch caused aca	m.)		1	. 1	1 1.						
	At	NTECEDENT	CAUSES			(B)	nic alco							
	DISEASES (OR CONDITI	ONS, IF ANY,	GIVING		DUE TO, OR	AS A CONSE	QUENCE OF:						
7		G CONDI				(c)								
⊙			ii .											
CERTIFICATION	TO THE DE	ATH BUT NO	NDITIONS CO T RELATED TO I GIVEN IN PA	THE TERM	UNAL									
RT						H OPERATION W	AS PERFORM	ED				121. AUTO	PSY? (Yes o	r Na)
5												PART		
7	22A. EXTER	NAL CAUSE	WAS		228 PLACE	OF INJURY (e.g.	In or about 2	2C WHERE I	OID (III)	Raltimo	ne City alve em		TUL	
EDIC	UNDERLYING UTING CA	OR CON	TRIB-		home, farm,	lactory, street, offi	ce bldg., etc.) I	VUURY OCCI	JR?	Dannino	to city, give one	er rousilon)		
Σ	OF INJURY	(Manth) (Day) (Year	(Hau		URY OCCURRED		2F. HOW DI	אטנאו כ	YOCC	UR?			
	(APPROX.)				m. WHILE A		WHILE TO							
	23.					Pa	ar.					11-51		
	I cert	Ify that I h	eld on In	quiry	Insp	ection A	stapsy X	ond that	on this	basis,	death in my	opinion		
	resul	ted from: \$	tatural cour	202	Accide	nt Sulci	de 🔲 He	micide .	Und	leterni	ned manner			
		1	-	th	1	10		CHIEF MEDIC	CAL EXA	MINER				
	ACTUAL		1	12	100/11	4	ASSI	STANT MEDIC	CAL EXA	MINER	\square		DATE SIGN	1ED
	SIGNATI		1 11	7 700		M.I		CIATE MEDIC	AL EYA	MINIED				
	NAME (1	T.	sidore 1	Miha:	lakis,	M.D.	MOSC	CIMIC MEDIC	ML EAR	MINACK		12	-14-70	
	BURIAL CRE	MATION,	248. DATE			ME of CEMETERY	or CREMATO	RY	24D. LO	CATION	(City, town	, or county)	(Stot	
	MOVAL (Speci	fy)	10/10	40	751	7 - 7	Commit							
_	rial		12/18/	-		Calvary				e A:	rundel		y, Ma	
251	. DATE REC'D			_	IAME OF R			UNERAL DIF			100	DDRESS		
)	FOIR	TUM!	1/2/201	2 18 View	and med :	IVm	G Marc	sh 9	28 1	E. Nort	h ATTE		



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8 1	- Aller	Phone	PARTIES AND	- 8

I. NAME OF DECEASED			2. DATE	Known 🔲	Month	Doy	Yeor	Hour
(Type or Print) JOHN McFADD	EN		OF DEATH	Estimoted				
A. PLACE IN BALTIMORE, MARYLAND		CED DEAD	3. DATE		Month	Doy	Yeor	Hour M.
FULL NAME OF (IF NOT IN HOS	SPITAL OR INSTITUTION,	GIVE STREET	PRONOL	INCED DEAD	Decemi	ber 15,1	970	6:37 P. M.
OR INSTITUTION	SCANOIY			SIDENCE (Wher	e deceased li		n; residence	
JOHNS HOPKINS	HOSPITAL (DOA)	A. STATE	Maryland		B. COUNTY		7-09
S. SEX 7. RACE	B. MARRIED N	EVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?	
Male Negro	WIDOWED	DIVORCED [timore		Y	ES 🗌	NO 🗆
L/11/16	E (In years If Under Months 1	Yr. II Under 24 Hrs. Doys Hours Min.		N. Centr	al Avei	nue		
North Carolina	a WHA	SCOUNTRY?	13. FATHER					
4A.USUAL OCCUPATION (Give kind of wood during most of working life, even if reling to the mployed	rork 148. KIND OF BUSI	NESS OR INDUSTRY	15. MOTHER		ME			
6. WAS DECEASED EVER IN U.S. ARA	MED FORCES? 17.	SOCIAL SECURITY NO	18. INFORA				DDRESS	
res, no or unknown) (if yes, give wor or do	23	9-09-0398	Ms	Mattie N	CFado	den, Sa	ıme	
19. 4/10 2		CAUSE OF DEA	TH					PPROXIMATE INTERVAL WEEN ONSET AND DEATH
DISEASE OR CONDITION D	TRECTLY	Hypert	ensive	cardiova	scular	disease		
LEADING TO DEATH		(A) IMMEDIATE C						
(This does not mean the mode of heart follure, astheria, etc. it means	s the disease,	DUE TO, OR	S A CONSEQ	UENCE OF:				
injury or complication which coused	deam.,							
ANTECEDENT CAUSES		(B)	AS A CONSE	OUENCE OF				
DISEASES OR CONDITIONS, IF	STATING THE	DOE 10, OK	AS A CONSE	ZOENCE OF:				
RISE TO THE ABOVE CAUSE (A)								
RISE TO THE ABOVE CAUSE (A)	o1.	(c)						
RISE TO THE ABOVE CAUSE (A)	S CONTRIBUTING	(c)						
RISE TO THE ABOVE CAUSE (A)	S CONTRIBUTING TO THE TERMINAL N PART 1 (A).		AS PERFORM	ED			21. AUTC	DPSY? (Yes or No)
RISE TO THE ABOVE CAUSE (A)	S CONTRIBUTING TO THE TERMINAL N PART 1 (A).		AS PERFORM	ED			21. AUTO	
RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS UNDERLYING CONDITION LAS OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN II 20A. DATE OF OPERATION 20B. (2) UNDERLYING TOR CONTRIB.	S CONTRIBUTING D TO THE TERMINAL N PART 1 (A)- CONDITION FOR WHI		in or obout 2	2C. WHERE DID	(ii in Baltimo	re City, give ex	ye	es
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RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN II 20A. DATE OF OPERATION 20B. (CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (CONTRIBUTING PROX.) 23. 1 certify that I held an resulted from: Natural CAUSE OF DEATH. ACTUAL SIGNATURE	S CONTRIBUTING D TO THE TERMINAL N PART 1 (A)- CONDITION FOR WHI 22B. PLAC home, fart WHILE m. WORK Inquiry Incauses Accid	CE OF INJURY (e.g., m, loctory, street, olfice and local	white topsy X	2C. WHERE DID NJURY OCCUR? 2F. HOW DID IN and that on t	his basis, Undetermi	UR? death in my	ye oct location)	DATE SIGNED
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Adopphas Halstead 1206 W North A'



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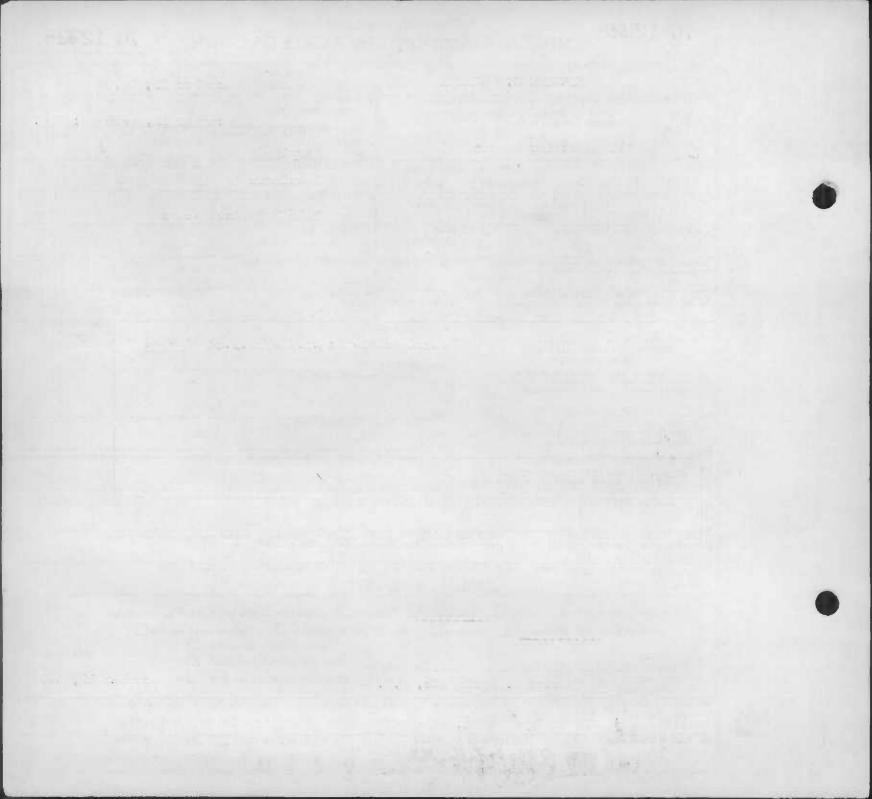
70 12228

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

LANDE OF DECEASED WILL, LAM H, CARTER 2. DATE Manth Day Year Interview of Print Market of Control Market of Cont	70 12 BIRTH NO.	2428	MEDICA	L EX	AMINER'S	CERTIFI	CATE O	F DE	ATH RI	EG. NO	70 1	222	8
Function Baltimore Balti		CEASED				2. DATE	Known A	Mar	oth	Day	Year	Hour	
SEA PROMOUNCED DEAD December 13, 1970 8:10 A, m. Mary and papers of coloration) December 13, 1970 8:10 A, m. Mary and papers of coloration December 13, 1970 8:10 A, m. Mary and papers of the paper December 13, 1970 8:10 A, m. Mary and papers of the papers			WILLIAM H.	CAF	RTER	OF		_ 5					М.
ADDRESS OR ICCATIONS 24.16 Lakeview Avenue 25. SEX PRACE 26. Mary land 27. RACE 27. RACE 28. MARRIED 28. Negro 29. DATE of BIRTH 28. Louder 17**, 11 Under 24** in: 29. DATE of BIRTH 29. DATE of BIRTH 29. DATE of BIRTH 20. DATE	4. PLACE IN BA							Mor	rth .	Doy	Yeor	Hour	
2416 Lakeview Avenue A STATE	HOSPITAL	(IF NO	T IN HOSPITAL OR IN SS OR LOCATION)	AOITUTITZ	I, GIVE STREET				The second second				А. м.
Male Negro		2416 L	akeview Av	enue							resigence	3-6) /
DATE OF BIRTH C.AGE Investment C.AGE Inves	. SEX	7. RACE	8. MAI	RIED	NEVER MARRIED	C. CITY OR			D. II	NSIDE CIT	Y LIMITS?		
DATE OF BIRTH 12-23-11	Male	Negr	O WIDO	WED 🔲	DIVORCED [Baltimo	re		YES		NO 🗆	
12-23-11 58	DATE OF BIRT	Н				E. STREET	AND NUMBER						
Hagerstown, Md. 4A.USUAL OCCUPATION (Greshand of worl) 148. KIND OF BUSINESS OR INDUSTRY U.S. A. MOTHER'S MAIDEN NAME Carter 4A.USUAL OCCUPATION (Greshand of worl) 148. KIND OF BUSINESS OR INDUSTRY Laborer 4A.USUAL OCCUPATION (Greshand of worl) 148. KIND OF BUSINESS OR INDUSTRY Laborer 4A.USUAL OCCUPATION (Greshand of worl) 148. KIND OF BUSINESS OR INDUSTRY Laborer 4. WAS DECRASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT ADDRESS 18. INFORMANT ADDRESS 18. INFORMANT ADDRESS 18. INFORMANT ADDRESS 18. INFORMANT APPOXIMATE HISTORY APPOXIMATE HONG OF APPOXIMATE APPOXIMATE HISTORY APP	12-23-11			-			2416 Lal	kevie	w Aver	nue			
4A. USLA LOCCUPATION (Green and elevativation of contribution	1. BIRTHPLACE	State or foreig	n country)			13. FATHER	SNAME						
Carter Laborer Carter	Hagersto	wn, Md.		MA	S.A.				Cart	ter			
Laborer A, WAS DECEASED EVER IN U.S. ARMED FORCES? 10, WAS DECEASED EVER IN U.S. ARMED FORCES? 11, SECURITY NO., 12, 256–3505 Mrs. Mary Stratton 2416 Lakeview Ave. 21217 CAUSE OF DEATH Arteriosclerotic cardiovascular disease [A)IMMEDIATE CAUSE ANTECEDENT CAUSES ANTECEDENT CAUSE BUE TO, OR AS A CONSEQUENCE OF: (C). DUE TO, OR AS A CONSEQUENCE OF: (C). OTHER SIGNIFICANT CONDITION LAST. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 224. AUTOPSY? (Yes or No) NO 225A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UNDERLYING (Month) (Dov) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (Month) (Dov) (Yeor) (Hour) 22E.INJURY OCCURRED ACTUAL SECURITY NO., AND THE ARMON AND THE				ID OF BU	SINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN N	JAME					
SECURITY NO. 10. 10. 10. 10. 10. 10. 10. 1		warking lite, ev	en avented)						Cart	ter			
TO SEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not meen the mode of dying, e.g., theory foliars, epithenes, it in means the disease, injury or complication which coursed death.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, IF ANY, GIVING RISEASE OR CONDITION LAST. ANTECEDENT CAUSES DISEASE OR CONDITIONS, IF ANY, GIVING RISEASE OR CONDITIONS CONTRIBUTING TO THE TOWN AND T	6. WAS DECEAS	ED EVER IN	U.S. ARMED FORC	ES? 17		18. INFOR	TAAN			AD	DRESS		
CAUSE OF DEATH ATTECTION DIRECTLY LEADING TO DEATH ATTECTION DIRECTLY ATTECTION DIRE		git yes, give w	of ar dates of servi	23		Mrs.	Mary Str	attor	2416	Lakev	iew A	ve. 2	1217
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart fellure, eatherine, etc. It means the disease, fully or complication which coased death, ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO ITHE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION TO RELAKED TO THE TEXNIMAL DESCASE OR CONDITION MEN IN PART 1 (A). 22A. EXTERNAL CAUSE WAS UNDERLYING TO CONTRIB. UNDERLYING TO CONTRIB. DITING TO CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., In or obout) 22C. WHERE DID (if in Bobitmore City, give exact location) bome, form, foctory, street, office bidg., etc.) INJURY OCCUR? DIVING TO CAUSE OF DEATH. 22D. TIME (Month) (Day) (Yeor) (Hour) WHILE AT NOT WHILE AT NOT WHILE AT WORK A		4 CE			CAUSE OF DEA						AF	PPROXIMATE	INTERVAL
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UNDERLYING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) 22C. TIME (Month) (Day) (Yeor) (Hour) (22E.INJURY OCCURRED OF INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 23. 1 certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER December 13, 1970 22A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) Burial 23C. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 1735 HarforeDARSS. 27713	heart fatlure Injury or con A DISEASES RISE TO TH UNDERLY!	not mean the post post post post post post post post	mode of dying, e.g. It means the disease th caused death.) CAUSES DNS, IF ANY, GIVIN JSE (A) STATING THON LAST.	G E UTING	(B) DUE TO, OR	AS A CONSEC							
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Capprox. Matter Mork At work	≥ 22D. TIME			ur) 22E.	INJURY OCCURRED	2	2F. HOW DID	INJURY	OCCUR?				
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ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER December 13, 1970 NAME (Type) Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER December 13, 1970 D CAA. BURIAL CREMATION, PROPERTY DEPT. PROPERTY OF CREMATORY PROPERTY DESCRIPTION (City, town, or county) (Stole) Burial 12-16-70 Mt. Auburn Cemetery Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 1735 Harford DATES. 21213	resul	ted from: N	atural causes	Acc	Ident Suicia	le 🗌 Ho	omicide	Unde	termined n	nanner 🗀]		
SIGNATURE EXAMINER'S NAME (Type) Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER December 13, 1970		01	1 1-) - 1		CHIEF MEDICA	L EXAMI	NER			DATE SIC	ONED
EXAMINER'S NAME (Type) Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER December 13, 1970 December 13			arts J.	of	Jale M.D	ASSI	STANT MEDICA	AL EXAMI	NER X			DATE SIL	31120
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial 12-16-70 Mt. Auburn Cemetery Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 1735 Harford DATES. 21213	EXAMIN	IER'S	Charles S.	Spr.	,		CIATE MEDICA	AL EXAMI	NER 🗌	Dece	mber	13, 1	970
Burial 12-16-70 Mt. Auburn Cemetery Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 1735 Harford DATES. 22213	24A. BURIAL CRE	MATION, 2	48. DATE	24C.	NAME of CEMETERY	or CREMATO	RY 24	D. LOCA	TION (City, town,	or county) (S	tote)
			12-16-70	M	t. Auburn Co	emetery	В	Baltin	more,	Maryla	and		
	25A. DATE REC'D	BY HEALTH	DEPT. 258.			25C. I	UNERAL DIRE	CTOR I	735 Ha	rford	DARSO.	22213	3

VS 151-REV. 1/1/68



24C. NAME of CEMETERY or CREMATORY

Mt. Auburn Cemetery

25 NAME OF CEISTRAR

24D. LOCATION (City, town, or county)

Baltimore, Maryland

25C. FUNERAL DIRECTOR 1735 Harford DPRESonue Marshall W. Jones, Jr.

(State)

NAME (Type)

25A. DATE REC'D BY HEALTH DEPT.

24B. DATE

12-15-70

24A. BURIAL CREMATION,

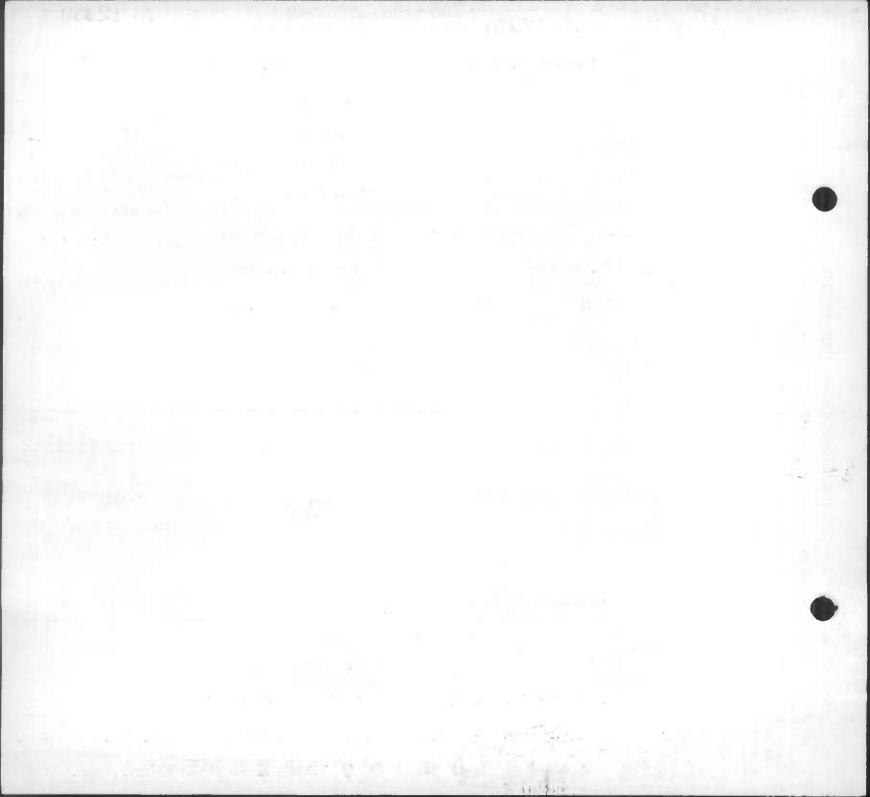
REMOVAL (Specify)

Burial

1 VS 151-REV. 1/1/68

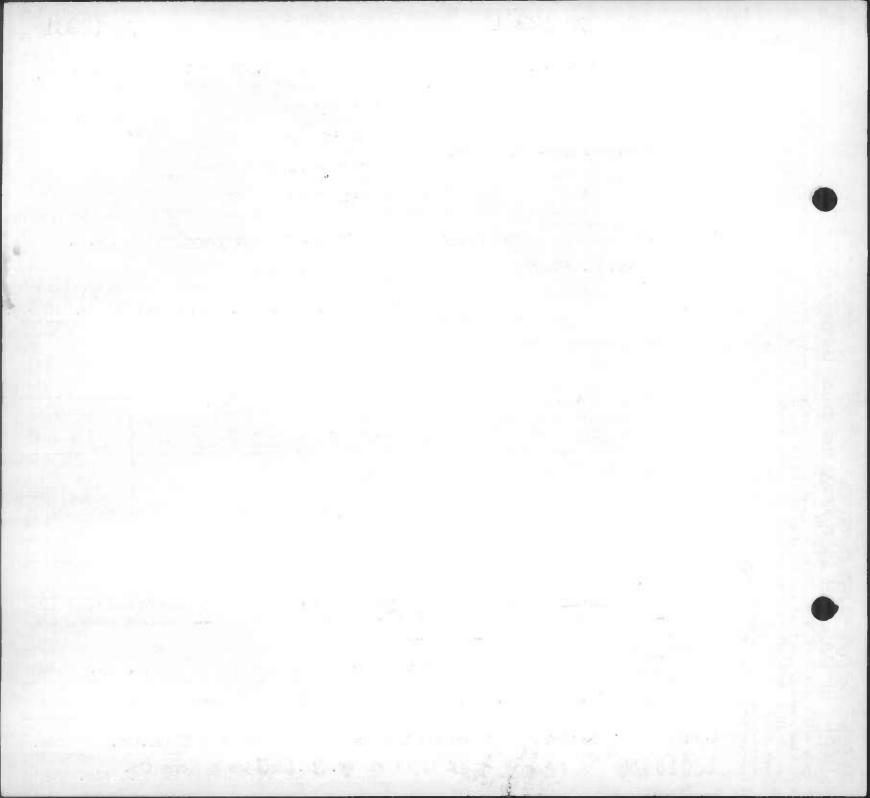
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	1-620 70 1	3330	HEALTH DEPARTMENT	REG. NO	70 12230
1. N	TH NO. AME OF DECEASED or or Print) Pohort			HOUR OF DEATH	
	Robert	L. (Roy) Myers		13, 1970	7/: M
3. 1	PLACE IN BALTIMORE, MARYLAND, WHE	RE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE & COUNTY	deceased lived. If in	stitution: residence before admission)
FUI	LL NAME OF (IF NOT IN HOSPITAL SPITAL OR ADDRESS OR LOCATIO	OR INSTITUTION, GIVE STREET	Maryland		27-19
INS	INTUTION ADDRESS OF ECCATION	JN)	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
	1 Long Green I	Nursing Home	Baltimore		YES TO NO
	/ *		5501 Key Ave	nue	
5. S	MWW	MARRIED NEVER MARRIED DIVORCED DIVORCED		AGE (In years it birthday)	Munder 1 % If Under 24 Hrs. Months Doys Hours Min.
done	USUAL OCCUPATION (Give kind of work 108 during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT COUNTRY
		Graphic Arts	Baltimore, Mar	vland	U.S.A.
13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAME		0. J.A.
	Robert E. Myers		Mabel G. Jor	nes	
5. V	Yos Deceased Ever in U. S. Armed Forces? no or unknown) (If yes, give was or dotes of		17. INFORMANT		ADDRESS
163	Yes WWII	216-01-0952	Mrs. Elsie T.	Myers	Same
z	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ise la line above cause (A) sla UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED TO THE TO	(C)	A CONSEQUENCE OF:		
CAT	DISEASE OR CONDITION GIVEN IN PART 1	Δ).			**********************
RTI	19A-DATE OF OPERATION 19B. CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20A. AUTOESY? (Yes or No)	N CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
4	PLA. ACCIDENT WAS UNDERLYING DO CAUSE OF DEATH Inotify medical examines	218. PLACE OF INJURY (e.g., in home, lorm, factory, street, alf etc.)	or obout 21C. WHERE DID	(II In Boltimore	City, give exoci location)
MEDI	21D. TIME (Month) (Doy) (Yeot) (H DF INJURY (APPRDX.)	and 21E INJURY OCCURRED While At Not While At Work	21F. HOW DID INJUR	OCCUR?	
2	22. I certify that (1) (this hospital) at		1865 19	10, 12	1/13/20 10
	that (1) (vb) last saw the deceased al		19and that i	in (my) (out) apir	itan death accurred an the date
- 1	and hour and from the causes stated o				The state of the s
2	3A. SIGNATURE	Phologia Alten	. /	ff. 🗆	23B, DATE SIGNED
. 2	PAGE (Type) Dr. Walter		Director Director Phy BD. ADDRESS 4331 Hanford		114/20
24A-	BURIAL CREMATION, 248, DATE	24C. NAME OF CEMETERY OF CREA			
	REMOVAL (Specily) Burial 12-17-19			lawn, Bal	y, town, or county) (Stote)
		NAME OF REGISTRAR	25C. FUNERAL DIRECTOR HW 24905 WO		



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

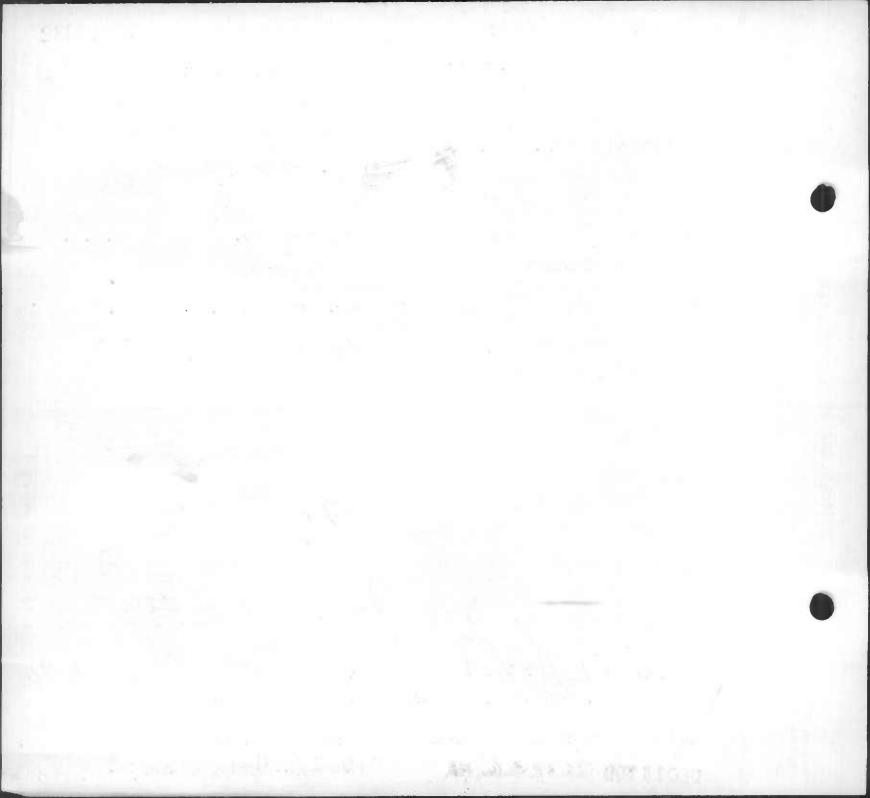
B.	, -	12231		HEALTH DEPARTMENT	REG. NO	70 12331
I. NAME	O. OF DECEASED		CLRTITICA		AND HOUR OF DEATH	
(Type or	Print) Marie	F. Bo	ylan		. 13, 1970	1 4:13 P. M
3. PLAC	E IN BALTIMORE, MARYLANI	, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before odmission)
FULL NA		SPITAL OR INS	TTUTION, GIVE STREET	Maryland	31411	9-11
HOSPITA INSTITUT	L UK ADDRESS OR I	OCATION)		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
10	Manufand C	0.000.001	11	Baltimore		YES NO
48	Maryland G	eneral r	Tospital	e. STREET AND NUMBER		
. SEX	6. RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	FW	WIDOWE	DIVORCED T	1-15-1903	lost birthday	Months Doys Hours Min.
A. USU	AL OCCUPATION (Give kind of g most of working life, even if retir	work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
	sewife		Home	Raltimone	A A a sa a L a sa a A	
	ER'S NAME	0 441	, , lorric	Baltimore,	AME	U.S.A.
	John H. F	feiffer		Mollie Wo		
. Wos D	Decoosed Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS1218
No.	unknown) (If yes, give wor or	uotes of service	217-36-3518	Mrs Donie	s M Azhda	rian 955 N.Hill R
18.	026	-	CAUSE OF DEATH		7VI. AZIIde	APPROXIMATE INTERVAL
DISE.	failure, asthenia, etc. II me, ar camplication which cau ANTECEDENT CAU ASES OR CONDITIONS, to the above cause to the above c	sed death.) SES if any, givin A) stating th CONTRIBUTING OTHE TERMINAL	(c) Miliary DUE TO, OR AS (c) Pulmons Rectoce	y gremulomat a consequence of: ary fibrosis ele (marked)	& Emphyse	Ma Years FINDINGS CONSIDERED
21 A.				Yes No Hear	a brain no	t examined
OR C	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF H (natily medical examines)	ho et	B. PLACE OF INJURY (e.g., in me, farm, foctory, street, aff c.)	or about 21 C. WHERE DID	(If In Boltima	ro City, give exact lacotian)
21 D. T OF IN (APPR	JURY	W	E INJURY OCCURRED hile At Not While ork At Work	21F. HOW DID IN	JURY OCCUR?	
22. 1	certify that (!) (this bospi	tal) attended	the deceased from OCT	ober 22,	19 70 to Dec	ember 13. 1970
that ((I) (we) last saw the dece	sed alive an	December 11.	19 70 and t	hat In (my) (ow) apl	nian death occurred on the date
and h	aur and from the causes :	stated above	(I) (We) (dId) (d id not) vi	ew the bady after death.		
23A. S	IGNATURE	0	1			23B, DATE SIGNED
	J-KOUA	CAR	Ulb 2 M Atten	Med. Director	Staff Phys.	Dec. 15, 1970
23C. P	HYSICIAN'S IAME (Type) Dr. L	loyd E.	Saylor 2	3 D. ADDRESS 3902 Gr	eenmount A	venue
A. BURI	AL CREMATION, 248, DATE	24C.1	AME OF CEMETERY OF CREA	MATORY 24D.	LOCATION (Ci	ly, town, or county! (Stote)
Buri		1	Woodlawn Cen		/oodlawn Ba	
DEC	16 1970 Page	258 NAME	OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
150-RE	V. 1/1/68	4000	-64	4900 Y	ork Road E	Balto., Md. 21212



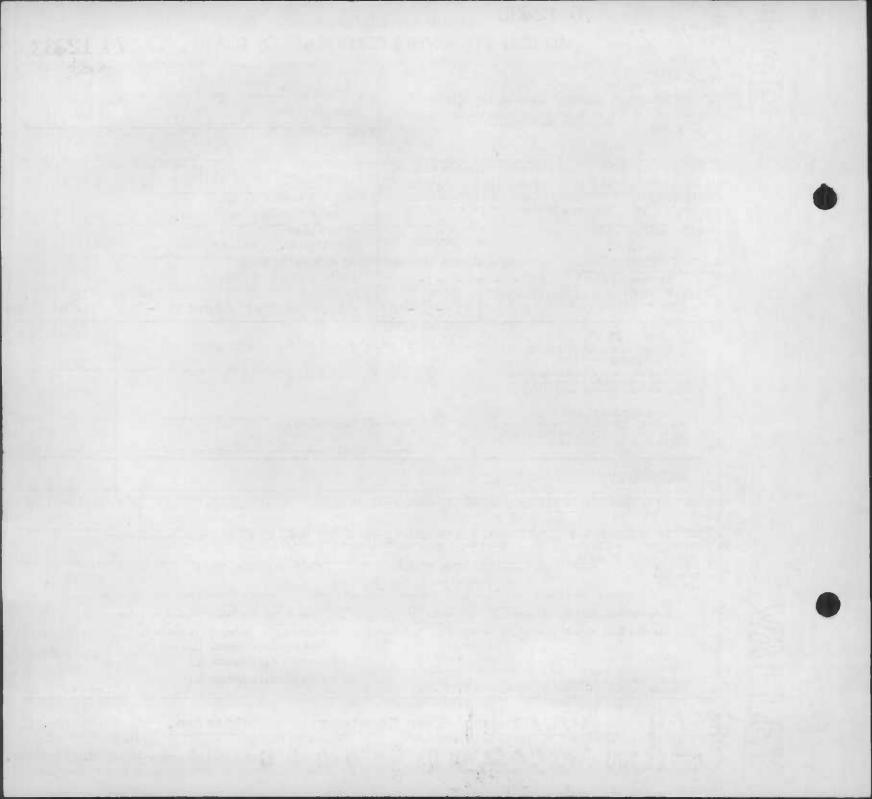
FUNERAL DIRECTOR: IMPORTANT

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BIRTI	1 No. 720	/0 1	.2332		TE OF DE		REG. No.	7	70 123	32
I.NA	AME OF DECEASED	Hele	en C.	Gillis	2		ND HOUR OF DEA		, 130	0
3. PL	LACE IN BALTIMORE, MA	4. USUAL RESIDE		ere deceased lived !		residence before	odmission			
FULI	L NAME OF (IF NOT	IN HOSPITA	AL OR INSTIT	TUTION, GIVE STREET	Marylan		NII	,	1201	
INST	PITAL OR ADDRE	SS OR LOCA	(NOIT)		C. CITY OR TOWN D. INSIDE CITY HMIS?					
_	Broadview	v Ants	Ant	224	Baltimo			YES*	NO)
)	0 - 3 - 3 - 3	, , , , ,	. Apr	. 224	E. STREET AND N					
. SE	X 6. RACE		7				sity Park			
	F	\wedge	WIDOWED		7-24-1890		9. AGE (In years lost birthday)	If Und Months	Doys Hours	dor 24 Hrs Mln.
OA, L	USUAL OCCUPATION (Give during most of working life, ev	e kind of work	108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tote or fore	oign country)	12. CI1	IZEN OF WHAT	COUNTR
	lousewife		Own	Home	Plymou	ith, I	Pa.		U.S.A.	
3. FA	ATHER'S NAME				14. MOTHER'S MA					
	Michael	Costell	lo		Mary					
5. W	ae Docoased Ever in U. S.	Armed Forc	os?	16. SOCIAL	17. INFORMANT				ADDRESS	
σs, π	o or unknown) (II yos, give	wor or dolos	al sorvice)	SECURITY NO. 220-44-8275		odon	ick I Co	005		Rd.
125	8. 4/			CAUSE OF DEAT	IVII. F	euer	ick J. Gr	een, c	APPROXIMATE	
	ANTECEDEN	T CAUSES			becooking the control of the control					
ri U	ANTECEDENT DISEASES OR CONDITI SE IO THE OBOVE CONDITION INDERLYING CONDITION THER SIGNIFICANT CONDITION	T CAUSES ONS, il a ause IA) N last	ny, giving sloling the		A CONSEQUENCE (DF:			***************************************	**************************************
O SOLO	ANTECEDENT DISEASES OR CONDITION SE IN THE SIGNIFICANT CONDITION THER SIGNIFICANT CONDITION OF THE DEATH BUT NOT RESISTANT OR CONDITION OF INCOME.	T CAUSES ONS, if a ause (A) N last. ITIONS CON ELATED TO THI	ny, giving sloling the	(B)	A CONSEQUENCE O	DF:				
D I I I I I I I I I I I I I I I I I I I	ANTECEDENT DISEASES OR CONDITION SE IN THE OBOYON CONDITION INDERLYING CONDITION ITHER SIGNIFICANT CONDITION ON THE DEATH BUT NOT RE	T CAUSES ONS, if a ause (A) N last. ITIONS CON ELATED TO THI	ny, giving sloling the ITRIBUTING E TERMINAL 1 (A).	(B)	A CONSEQUENCE O) 208, IF YES, WER IN CERTIFYING C	E FINDINGS	CONSIDERED DEATH?	
ON CERTIFICATION	ANTECEDENT DISEASES OR CONDITION SE IN THE SIGNIFICANT CONDITION THER SIGNIFICANT CONDITION OF THE DEATH BUT NOT RESISTANT OR CONDITION OF INCOME.	T CAUSES ONS, il a ause IA) N last. ITIONS CON LATED TO THI VEN IN PART 119E, COND WAS PERFO	ny, giving sloling the ITRIBUTING E TERMINAL 1 (A). DITION FOR VORMED	(B)	20A. AUTOPSY? (Yes or No	IN CERTIFYING C	AUSES OF	CONSIDERED DEATH? e exoct locolion)	######################################
0 O T T O T O T O T O T O T O T O T O T	ANTECEDENT DISEASES OR CONDITION SE IN THE STATE OF CONDITION OF THE DEATH BUT NOT RE DISEASE OR CONDITION GIVE A DATE OF OPERATION A ACCIDENT WAS UND R CONTRIBUTINO CAU EATH (notify modical exam	T CAUSES ONS, il a ause IA) N last. ITIONS CON LATED TO THI VEN IN PART 198. COND WAS PERFO PERLYTINO SE OF	ny, giving sloting the ITRIBUTING E TERMINAL 1 (A). MITION FOR 10 DRMED	(B)	20 A. AUTOPSY? (1 of obout 21 C. WHEI fice bidg., INJURY O	Yes or No	IN CERTIFYING C	AUSES OF	DEATH?	
0 TG DI 19 21 01 01 01 01 01 01 01 01 01 01 01 01 01	ANTECEDENT DISEASES OR CONDITION IS IN THE STATE ON THE CONDITION THER SIGNIFICANT CONDITION THE DEATH BUT NOT RESEASE OR CONDITION GIVEN THE CONTRIBUTION OF CONTRIBUTION CAU A. ACCIDENT WAS UND R. CONTRIBUTION CAU EATH (notify modical examples)	T CAUSES ONS, il a ause IA) N last. ITIONS CON LATED TO THI VEN IN PART 198. COND WAS PERFO PERLYTINO SE OF	my, giving sloting the ITRIBUTING E TERMINAL 1 (A). White Manual Properties of the Italian of th	(B)	20 A. AUTOPSY? (1 or obout 21 C. WHEI fice bidg., INJURY O	Yes or No	IN CERTIFYING C	AUSES OF	DEATH?	
0 0 10 19 21 01 01 (A	ANTECEDENT DISEASES OR CONDITION SEE IN THE STATE OF CONDITION OTHER SIGNIFICANT CONDITION OTHER DEATH BUT NOT RE DISEASE OR CONDITION GIVE A DATE OF OPERATION A ACCIDENT WAS UND R CONTRIBUTINO CAU EATH (notify modical exam D. TIME (Month) (Definity of the contribution) OF TIME (Month) (Definity of the contribution)	T CAUSES ONS, il a ause IA) N last. ITIONS CON LATED TO THI VEN IN PART 1982 COND WAS PERFO VERLYINO SE OF inet) Oy) (Yeor)	my, giving sloting the ITRIBUTING E TERMINAL 1 (A). White DRMED 21B. (Hour) 21E. White World White Properties of the Italian with the Italian and Ital	(B)	20A. AUTOPSY? (1) or obout 21C. WHEI fice bidg., INJURY O	TYES OF NO	(If In Bollim	auses of	e exoct locotion)	9.
0 TC DI 19 21 00 (AA 222	ANTECEDENT DISEASES OR CONDITION ISE IN THE BOTTON TO THE CONDITION OTHE DEATH BUT NOT RE USEASE OR CONDITION OTHE DEATH BUT NOT RE USEASE OR CONDITION OTHER OF OPERATION TA. ACCIDENT WAS UND R CONTRIBUTINO CAU EATH (notify modical exam D. TIME (Month) (Do F INJURY PPROX.) 2. I certify that (1) (thirt	T CAUSES ONS, il a ause (A) au	ITRIBUTING ETERMINAL 1 (A).	(B)	20A. AUTOPSY? (1) or obout 21C, WHEI fice bidg. INJURY O	Yes or No	(If In Boltim	causes of	DEATH? re exoct locolion)	7
0 O TO 19 21 OI (A 222 th	ANTECEDENT DISEASES OR CONDITION SE IN THE OFFICIAL CONDITION INDERLYING CONDITION ITHER SIGNIFICANT CONDITION OF THE DEATH BUT NOTRE ISEASE OR CONDITION GIVEN TALL ACCIDENT WAS UND TALL ACCIDENT WA	T CAUSES ONS, il a ause IA) N last. ITIONS CON LATED TO THI VEN IN PART 119E, COND WAS PERFO DERLYTINO DISSE OF inner) oy) (Yeon)	ITRIBUTING ETERMINAL 1 (A).	(B) DUE TO, OR AS (C)	20A. AUTOPSY? (1 or obout 21C, WHEI fice bidg., INJURY o 21F. HOW	Yes or No	(If In Bollim	causes of	DEATH? re exoct locolion)	2 do the dat
0 TC DI 19 21 0 O I C DI 19 0	ANTECEDENT DISEASES OR CONDITION ISE IN THE BOTTON TO THE CONDITION OTHE DEATH BUT NOT RE USEASE OR CONDITION OTHE DEATH BUT NOT RE USEASE OR CONDITION OTHER OF OPERATION TA. ACCIDENT WAS UND R CONTRIBUTINO CAU EATH (notify modical exam D. TIME (Month) (Do F INJURY PPROX.) 2. I certify that (1) (thirt	T CAUSES ONS, il a ause IA) N last. ITIONS CON LATED TO THI VEN IN PART 119E, COND WAS PERFO DERLYTINO DISSE OF inner) oy) (Yeon)	ITRIBUTING ETERMINAL 1 (A).	(B) DUE TO, OR AS (C)	20A. AUTOPSY? (1 or obout 21C, WHEI fice bidg., INJURY o 21F. HOW	Yes or No	(If In Boltim	ore City, giv	DEATH? The exact location of the exact loca	the dat
0 O T T T T T T T T T T T T T T T T T T	ANTECEDENT DISEASES OR CONDITION SE IN THE STATE OF CONDITION OF THE PROPERTY	T CAUSES ONS, il a ause IA) N last. ITIONS CON LATED TO THI VEN IN PART 119E, COND WAS PERFO DERLYTINO DISSE OF inner) oy) (Yeon)	ITRIBUTING ETERMINAL 1 (A).	(B) DUE TO, OR AS (C)	20A. AUTOPSY? (1 or obout 21C, WHEI fice bidg., INJURY o 21F. HOW 19 20 lew the bady after	PRE DID CCUR? DID INJ. and the	(If In Bollim URY OCCUR? 11 In (my) (our) of	ore City, giv	DEATH? re exoct locolion)	the dat
D 10 19 21 00 10 10 10 10 10 10 10 10 10 10 10 10	ANTECEDENT DISEASES OR CONDITION SE IN THE BOTTON OF THE DEATH BUT NOT RE DISEASE OR CONDITION GIVEN OF THE DEATH BUT NOT RE DISEASE OR CONDITION GIVEN OF THE DEATH BUT NOT RE DISEASE OR CONDITION GIVEN OF THE DEATH (notify modical example) DITIME (Month) (Do FINJURY (PPROX.) DITIME (Month) (Do FINJURY (PPROX.) Leftify that (1) (third of the Condition of the	T CAUSES ONS, il a ause IA) N last. ITIONS CON LATED TO THI VEN IN PART 198. COND WAS PERFO DERLYINO SE OF inner) Oy) (Yeor) Hospitel) e deceased uses stote	ITRIBUTING ETERMINAL 1 (A). ITAIDN FOR VORMED (Hour) 21E, White of the control	(B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., Ind., In	20A. AUTOPSY? (n or obout 21 C, WHEI fice bidg., INJURY O 21F. HOW 21F. HOW Adding Med. Direct 3D. ADDRESS	DID INJ	(If In Boltim URY OCCUR? 10 to 21 In (my) (**err*) ap Shaff	ore City, giv	DEATH? The exact location of the exact loca	20 the dat
222 th arr	ANTECEDENT DISEASES OR CONDITION SE IN THE STATE OF CONDITION OF THE SIGNIFICANT CONDITION OF THE DEATH BUT NOTRE ISEASE OR CONDITION GIVEN TO THE DEATH BUT NOTRE ISEASE OR CONDITION GIVEN TO THE DEATH BUT NOTRE ISEASE OR CONDITION GIVEN TO THE CONTRIBUTINO CAU EATH (notify modical exam D. TIME (Month) (Do F INJURY INPROX.) D. I certify that (1) (this and (1) (we) lost saw the modical condition of the conditio	T CAUSES ONS, il a ause IA) N last. ITIONS CON LATED TO THI VEN IN PART 119E, COND WAS PERFO DERLYTINO DE	my, giving sloling the ITRIBUTING E TERMINAL 1 (A). MITON FOR 1 (A). Who elc. (Hour) 21E, White of the property of the propert	(B) DUE TO, OR AS (C)	20A. AUTOPSY? (10 or obout 21C. WHEI fice bldg. INJURY O 21F. HOW 21F. HOW 21F. How Adding Med. Direct 3D. ADDRESS 5006 RO	DID INJ	IN CERTIFYING C	pinian dea:	th accurred an	the dat
22 th ar 23	ANTECEDEN' DISEASES OR CONDITION SE IN THE BOTTON CONDITION THER SIGNIFICANT CONDITION OTHE DEATH BUT NOT RE DISEASE OR CONDITION GIVE A. ACCIDENT WAS UND R. CONTRIBUTINO CAU EATH (notify modical exam D. TIME (Month) (Do EATH (notify modical exam A. SIGNATURE A. SIGNATURE A. SIGNATURE OC. PHYSICIAN'S NAME (Type) DURIAL CREMATION, 24B. DURIAL CREMATION, 24B.	T CAUSES ONS, il a ause IA) N last. ITIONS CON LATED TO THI VEN IN PART 198. COND WAS PERFO DERLYINO SE OF inner) Oy) (Year) Hospital) e deceased uses stote . Will	ITRIBUTING ETERMINAL 1 (A).	(B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., Ine., form, foctory, sheet, of INJURY OCCURRED INJURY OCCURRED IN Met (did) (did not) v DEGREE Phys Helfrich DEGREE WME of CEMETERY of CRE	20A. AUTOPSY? (10 of obout 21 C. WHEI fice bidg., INJURY o 21F. HOW 21F. HOW 21F. How And a direct 21 of obout 21 C. WHEI fice bidg., INJURY o 21F. HOW 21F. HOW 21F. HOW 21F. HOW 21F. HOW And a direct 3D. ADDRESS 5006 ROW MATORY	DID INJ	IN CERTIFYING CO. (If In Bollim URY OCCUR? 10 to	ore City, giv	th accurred an	-20
20 C T T T T T T T T T T T T T T T T T T	ANTECEDEN' DISEASES OR CONDITION SE IN THE BOTTON CONDITION THER SIGNIFICANT CONDITION OTHE DEATH BUT NOT RE DISEASE OR CONDITION GIVE A. ACCIDENT WAS UND R. CONTRIBUTINO CAU EATH (notify modical exam D. TIME (Month) (Do EATH (notify modical exam A. SIGNATURE A. SIGNATURE A. SIGNATURE OC. PHYSICIAN'S NAME (Type) DURIAL CREMATION, 24B. DURIAL CREMATION, 24B.	T CAUSES ONS, il a couse IA) in lost. ITIONS CON ILATED TO THI VEN IN PART 198. COND WAS PERFO 199. (Year) or lost of the part 199. Cond of the part 199. Cond of the part 199. Cond of the part 199. (Year) or lost of the	ITRIBUTING ETERMINAL 1 (A). ITRIBUTING ETERM	(B) DUE TO, OR AS (C)	20A. AUTOPSY? (10 of obout 21 C. WHEI fice bidg., INJURY o 21F. HOW 21F. HOW 21F. How And a direct 21 of obout 21 C. WHEI fice bidg., INJURY o 21F. HOW 21F. HOW 21F. HOW 21F. HOW 21F. HOW And a direct 3D. ADDRESS 5006 ROW MATORY	DID INJ	IN CERTIFYING C	pinian dea:	th accurred an	-70

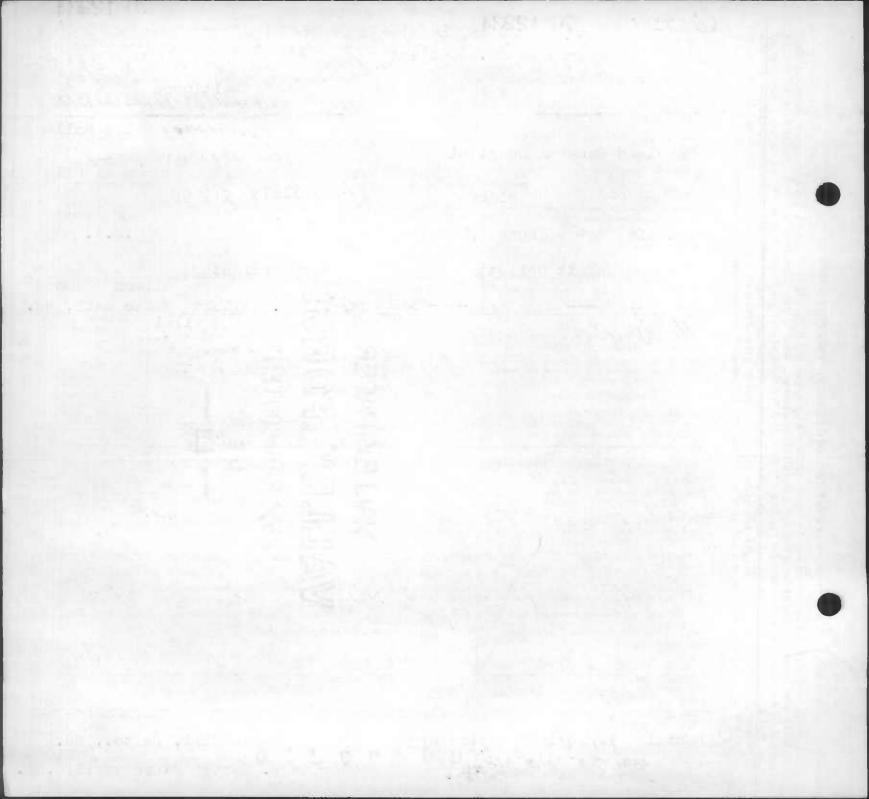


C-650	2	MED	ICAL		AMINE	R'S C	ERTIFIC	CATE	OF	DEAT	H REG. NO	70	122	133
BIRTH NO.						1					REO. IV			
1. NAME OF DEC	EASED	RUTH	CHAR	NOCK			2. DATE OF DEATH	Knawn [Month	Day	Year	Hour	м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE			Manth	Day	Year	Hour	M	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT II	N HOSPITA	LORINS	ITUTION	I, GIVE STREET		5 HISHALD	INCED DEA		1.2	13 Ived. If Institut	1970		
3614 Buena Vista Ave.						A. STATE	ryland			B. COUNTY		.110	,	
Total Security	7. RACE			-	NEVER MARI	RIED []	C. CITY OR	TOWN			D. INSIDE	CITY LIMITS	7	
female	white		WIDOV		DIVOR		Ba1	timore				YES 🖾	NO	
9. DATE OF BIRTH	1	D. AGE (In	years	If Unde	r 1 Yr. If Unde	r 24 Hrs.	E. STREET	ND NUMB	ER		-			
9/7/1893	3 "	ast birthdon	77	Mantas	Days Haur	i min.	36	14 Buer	na V	/ista	Ave.			
II. BIRTHPLACE (St	Va.	country)		12, CIT	SA COUNTRY	r	13. FATHER	s NAME	Th	omas				
4A.USUAL OCCUP	ATION (Give king lile, even	ind of work if retired)	148. KIND	OF BU	SINESS OR IT	NDUSTRY		r's MAIDEN			9			
I WAS DECEASE	D EVER INTIL	SAPMED	FORCES	7 17	7. SOCIAL		IB. INFORM					ADDRESS	ta	Ave.
Yes, no or unknown)	(If yes, give war	r or dates	of service)	2159 <u>-158</u>	N9549	9 Mrs	.Marge	are	t Gar	rette	-3614	Buen	a Vis
19.	. 11				CAUSE	OF DEAT	Н						APPROXIMATE	
DISEASES OF RISE TO THE UNDERLYIN OTHER SIGNI	TECEDENT CANDITION ABOVE CAUS G CONDITION IFICANT CONDITION ITH BUT NOT RE	NS, IF ANY SE (A) STAT ON LAST.	ONTRIBU	TING	(B) DUE (C)	10, OR /	S A CONSE	QUENCE OF:						
DISEASE OR	CONDITION G	IVEN IN PA	ART 1 (A)	•	HCH OPERA	NONI MA	C DERECORN	ED				ISL ALLT	OPSY? (Yes	or No
20A. DATE OF	OFEKATION	200. CO	ADIIIOIA	FOR W	MICH OPEKA	IION WA	3 PERPORIV	LED					Orsir (.c.	01 110)
UNDERLYING UTING CAL		RIB-		228. PL/ home, fo	ACE OF INJU	JRY (e.g., reet, office	bldg., etc.)	2C. WHERE NJURY OCC	DID (II in Boltime	ore City, give	no exact location)	
22D. TIME (I OF INJURY (APPROX.)	Month) (Day	y) (Year	r) (Hou		LE AT RK		WHILE	2F. HOW DI	ID IN	URY OCC	UR?			
	ify that I hel		nquiry [nspection [-	орѕу 🗌		on th	ls basis,	, death in n	ny opinion		
result	ed from: Na	tural cau	205 K	Acc	ident 🗆	Suicid		omicide L	CAL E	XAMINER	Ined manne	· []	DATE SIG	GNED
SIGNATU	ER'S To	idore	Miha	laki	s, M.D.	M.D.		STANT MEDI				1.2	-14-70	
NAME (T	16-1	B. DATE			NAME of CE	METERY	CREMATO	ORY	24D.	LOCATION	V (City, to	own, or cauni		tate)
	y)	- 11									,			
REMOVAL (Specif	17	2/17	170	W	walhoo	n Ce	meter	V	B	altin	nore.		M	d.
	1	L2/17			oodlaw			TUNERAL DI			nore,	ADDRESS	M	d e



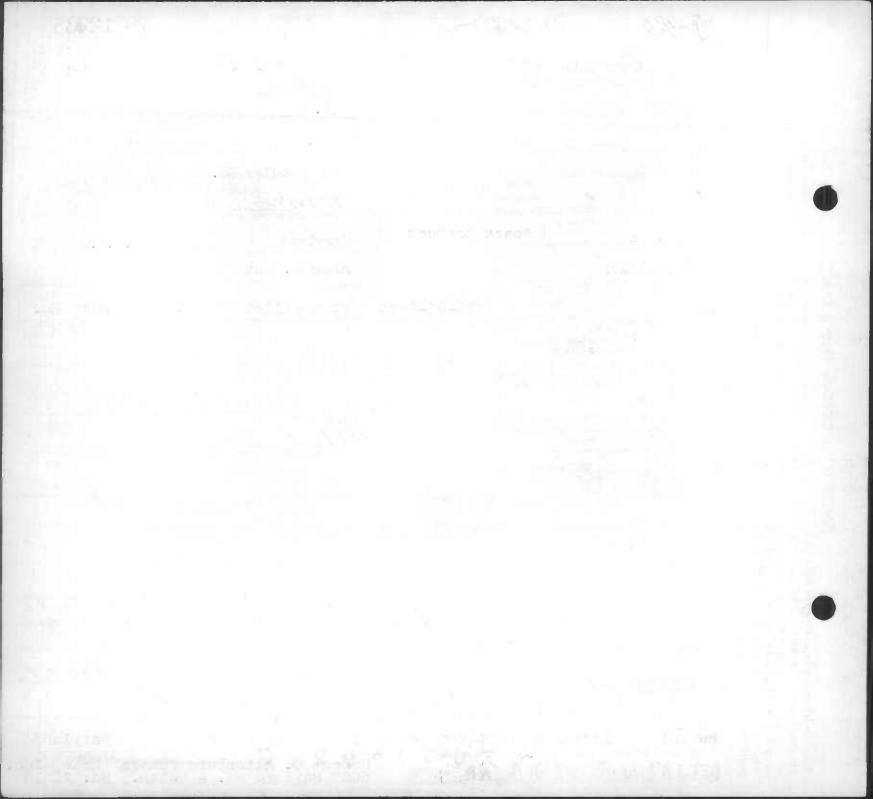
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such decise and the deceased prior to death. Such decise and death are successful and decise and death. IMPORTANT FUNERAL DIRECTOR:

1	1 1/2h Fig 100	BALTIMORE CITY	HEALTH DEPARTMENT		70 12434						
	70 123	CERTIFICA	TE OF DEATH	Registered Na							
1	NAME OF DECEASED Amanda	E. Collett	UDA 2. DATE AN	D HOUR OF DEATH	255943						
3	PLACE OF DEATH IN BALTIMORE, MARYLAND	777777	4. USUAL RESIDENCE (Where A. STATE B. COUN	™ Baltimor	stitution: residence before odmission)						
	FULL NAME OF (If not in hospital or institution) HOSPITAL OR oddress or location) INSTITUTION	ion, give street	C. CITY OR TOWN (If outside city limits, write RURAL and give township) C. HITTHE C. White Hall D. STREET ADDRESS (II rurol, give location)								
4	Maryland General Hos	spital									
5	SEX 6. RACE 7. MARR	RIED, NEVER MARRIED	WIII SOII II SUU								
	F W:	idow 'specify)	8/23/XXX18/	lost birthday 91	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.						
	6A. USUAL OCCUPATION (Give kind of work 10B, KINE one during most of working life, even if retired)		11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?						
	Housewille ANE Home	e Nont.	MD.	L. F.Y.	U.S.A.						
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME							
	John KNIKKE Colle	ett	Mary Le	eight							
ī	5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown! (II yes, give wor or dates of servi	1 6. SOCIAL	17. INFORMANT		Vilson Road						
	No	218-40-2358	Coffee RRACE (Silett v	White Hall, Md.						
1	18. 4/ 4 / 6	CAUSE O	F DEATH		INTERVAL BETWEEN						
	DISEASE OR CONDITION DIRECTLY		Kalmana	yember	Tues ONSET AND DEATH						
	LEADING TO DEATH	(A) (2)	se alm somnot	2 - QUEST							
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise		Thrumbund	h, litte							
	injury or complication which coused death.)										
	ANTECEDENT CAUSES	ANTECEDENT CAUSES (B) DUE TO									
	DISEASES OR CONDITIONS, if ony, giving										
	UNDERLYING CONDITION lost.										
	11	J.A.	242 110 27 675	10/5/20							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.										
	19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? Yes, or No								
	12/6/20 WAS PERFORMED	wel obbuchor	1 XIYes	IN CERTIFYING CA	USES OF BEATH!						
	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21.C. WHERE DID	(II in Baltimore	e City, give exact location)						
- 11	O 21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?							
	₩ OF INJURY (APPROX.)	White A1 Not White At Work									
П	22 1 11 11 11 11 11 11 11 11		12/	10 200	13/11/10/10						
	22. I certify that (1) (this haspital) attended the deceased fram 12/13 1920 to 12/14/1920										
	that (1) (we) last saw the deceased alive	() () ()		at is (my) (aur) api	nian death accurred an the date						
П	and haur and fram the causes stated abav	e (I) (We) (did) (did nat)	view the bady after death.								
1	23A. SIGNATURE	() AUS AU	ending Med.	Stoff 1	23 B. DATE SIGNED						
	Receive	M.D. Att	s. Director	Phys.	10/19/20						
	23C. PHYSICIAN'S NAME (Type)	17 S M.D.	23D. ADDRESS	-							
1	24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME OF CEMETERY OF CR	EMATORY 24D. L	OCATION (C	ity, town, or county)						
	Burial 12/16/1970	Weiseburg		te Hall,	Balto. Md.						
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAI	ME OF REGISTRAR	25 FUNEIAL DIRECTOR		21004						
Ĺ	/s 150-REV. 1/1/65	des Melle	Charles E.	Kurtz Ja	arrettsville,Md.						
V	3 130-RE V. 1/1/03										



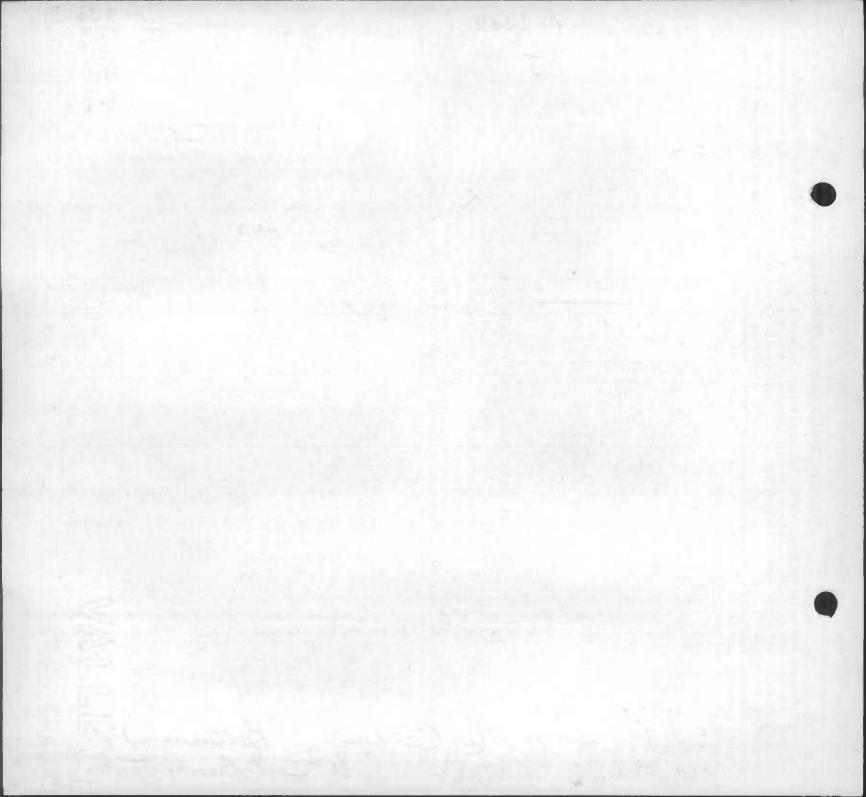
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M -	460 70	1293	5	HEALTH DEPARTM		70 12235
	Harry XXXX	Miller			PATE AND HOUR OF DEA	1 3:15 A
3. PLACE IN	N BALTIMORE MARYLAND, WI	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE	CE (Where deceased lived.	If institution: residence before admission)
FULL NAM HOSPITAL O	E OF (IF NOT IN HOSPITA OR ADDRESS OR LOCA	L OR INSTITU		Md.	Bal	INSIDE CITY LIMITS?
37	Mercy Hospi	tal		Balto.		YES NO NO
				6747 WO	odley Rd	
5. SEX	W	WIDOWED	NEVER MARRIED DIVORCED	9/16/14	9. AGE (in years last birthdoy)	tf Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
done during m	OCCUPATION (Give kind of work of working life, even if retired)	IOB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole	e ar foreign country)	12. CITIZEN OF WHAT COUNTRY?
	esman	Sears	Roebuck	242	,	
13. FATHER'S				Marylan 14. MOTHER'S MAID	DEN NAME	U.S.A.
John	Miller			Anna M	_	
15. Was Dec	eased Ever in U. S. Armed Force	os?	6. SOCIAL	17- INFORMANT		ADDRESS
No	known) (If yes, give war at dates		SECURITY NO. 213-07-9623	Olga M	iller	6747 Woodley Rd.
18.	9 / 1		CAUSE OF DEATH	9	11161	APPROXIMATE INTERVAL
DISEASI nise la UNDERI	ANTECEDENT CAUSES ES OR CONDITIONS, il al the above cause IA) LYING CONDITION last.	ny, giving stating the	(B) A S C DUE TO, OR AS	A CONSEQUENCE OF	atrial fix	brillation
DISEASE	OR CONDITION GIVEN IN PART	1 (A).	HICH OPERATION	20A. AUTOPST? (Ye	s or No. 20R IF YES WE	RE FINDINGS CONSIDERED
19A.DAT	WAS PERFO	RMED		Y7	S IN CERTIFYING	CAUSES OF DEATH?
OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF	218. F home, etc.)	LACE OF INJURY (e.g., in form, factory, street, aff	or about 21 C. WHERE ice bidg. INJURY OCC	DID (If In Baltin	mare City, give exoci lacation)
OF INJU	E (Month) (Doy) (Tear)	(Hour) 21E, I	NJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?	
E CAPPROX		While	At Wark			
22. 1 ce	rtify that (1) (this hospital)			11/1/2	772	2/11/19
	(we) last saw the deceased			19 (7)	and that In(-v) (our)	nation double and the state of
1	r and from the causes state		1 1 1	11-1-1-1-1-1	and thot jir(my) (out) e	opinion death occurred on the date
23A. SIGN	NATURE	- 000144 (1)	(me) (did not) VI	ew the body offer d	leath.	228 DATE CIONES
	1/300	//	The Division of Division of the Division of th	ding Med.	Shoff 6	23B, DATE SIGNED
23 C. PHY	SICIANS AE (Type)	10	DEGREE Phys.	Director 3D. ADDRESS	Phys.	1/4//0
	1/200/	Com	/ TEGREE		Mer Con	1/02/1/28
REMOV	CREMATION, 24B, DATE		AE of CEMETERT OF CRE		24D. LOCATION	(City, town, of county) (Stote)
Buria		0 Mor	eland Cemet	ery	Baltimore	Maryland
25A. DATE R	EC'D BT HEALTH DEPT. 2	58. NAME OF	REGISTRAR	250 TUNERAL DIR	ECTOR	ADDRESS
DECI VS 150-REV.		Jalley 1	12.	6009 Har	ford Rd I	Funeral Home, Inc Balto., Md. 21214

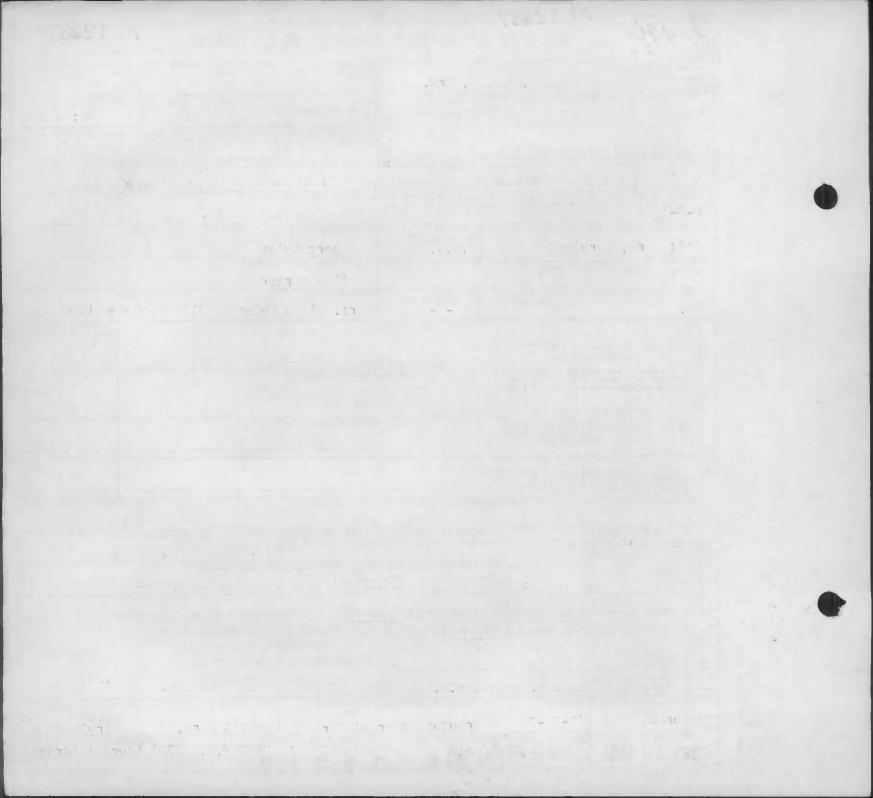


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1	70 400	BALTIMORE CITY	HEALTH DEPARTMENT		70 12236
BIR	1-625 70 12a	CERTIFICA	TE OF DEATH	REG. NO	70 1.5430
1. N	AME OF DECEASED MARY -		2. DATE AN	D HOUR OF DEATH	
(Тур	e or Print Alice Time	lenson	12 10	+ 170 1.10	M.
3. F	LACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before admission)
EIII	LL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION CIVE STREET	MD.	11	12-16
НО	LL NAME OF (IF NOT IN HOSPITAL OR IN SPITAL OR ADDRESS OR LOCATION) TITUTION	SHIDHON, GIVE SIKEEL	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
INS	JOHNS HOPKINS	HOSDITAL	BALTIMOR		YES NO T
	301111	7	E. STREET AND NUMBER		123
-	3		2720	ST. PAUL	- ST (#18).
5. S	EX 6. RACE 7. MARRI	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	Female MittiEE WIDOW		10/15/98	lost birthdoy	Months Doys Hours Min.
104	USUAL OCCUPATION (Give kind of work 10B, KINI			an country)	12. CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired)				
+	ALTOLY WORK DOMESTIC	BUTTER FACT.	FNGLAN	D	USH
13.1	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		la A
	JAMES O' ME	ARA	MARY	HUL	Molloy.
15. V (Yes	Nas Deceased Ever in U. S. Armed Forces? ,no or unknown) (If yes, give war at dates of servi	16. SOCIAL SECURITY NO.	17. INFORMANT		2905 Conclude Rd
	M	219-01-2583	Marie A	Dieter	Ballo, Mel 31214
	18. Q	CAUSE OF DEATH	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		(4.	0	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAU		anne, t	
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
	injury or complication which coused death.)	030,			
	ANTECEDENT CAUSES	+	fortic Ste	rom	
	DISEASES OR CONDITIONS, if any, gir	ving DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the above cause (A) stoling				
	UNDERLYING CONDITION last.	(C)	*********		
7	11				
ION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN				
CAT	DISEASE OR CONDITION GIVEN IN PART I (A).		TOO A ALLEGO BOYLO (V M.)	1 200 IP WEE LINDS	
ERTIFIC	19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	Yes or No	IN CERTIFYING CAL	JSES OF DEATH?
CERT	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in		/// in Poltimor	NO e City, give exact location
AL O	OR CONTRIBUTING CAUSE OF	home, farm, foctory, street, of	fice bldg., INJURY OCCUR?	(ii tii oominor	e City, give exoct location;
O	DEATH (notify medical examiner)	etc.)			
144	DID TIME (AA H) (D) (V -) (H)				
2	21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
<	OF INJURY (APPROX.)	While At Not While		URY OCCUR?	
	OF INJURY (APPROX.)	While At Not While Work At Work	e 🔲		C. 14 HS 10 70.
	OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attend	While At Not While Nork Nork Nork Nork Nork	lov. 29th	19 10 to De	c. 14th 1970.,
	OF INJURY (APPROX.) 22. I certify that (1) (this haspital) attend that (1) (we) lost saw the deceased alive	while At Not While At Work At Work on	19 70 ond th	19 10 to De	nion dooth accurred on the date
	OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attend that (I) (we) lost sow the deceased alive and hour and from the causes stated above	while At Not While At Work At Work on	19 70 ond th	19 10 to De	nion douth accurred on the date
	OF INJURY (APPROX.) 22. I certify that (1) (this haspital) attend that (1) (we) lost saw the deceased alive	while At Not While At Work At Work on	19 70 ond the	of in (my) (aur) api	
	OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attend that (I) (we) lost sow the deceased alive and hour and from the causes stated above	while At Not While At Work At Work on	19 70 and the liew the body after death.	19 10 to De	nion douth accurred on the date
	OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attend that (I) (we) lost sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE Constitution of the course stated above 23C.PHYSICIAN'S	while A! Not Whill Not While At Work At BAS BEGREE Physics At BAS BEGREE Phy	19 70 and the lew the body after death.	of in (my) (aur) api	nion douth accurred on the date
	OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attend that (I) (we) lost saw the deceased alive and hour and from the causes stated above 23A. SIGNATURE	while At Not While Mork At Work At BROWN AT	19 70 and the liew the body after death. Med. Director	of in (my) (aur) api	nion douth accurred on the date
	OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE CALL CREMATION, 124B. DATE 124	while A! Not Whill Not While At Work At BAS BEGREE Physics At BAS BEGREE Phy	19 70 ond the liew the body after death. Med. Director D	of in (my) (aur) api	nion douth accurred on the date
	OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attend that (I) (we) lost sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE Constitution of the course stated above 23C. PHYSICIAN'S NAME (Type)	while A! Not While Mork A! Work A! Wor	19 70 ond the liew the body after death. Inding Med. Director Dir	of in (my) (aur) api	238, DATE SIGNED 12/14/70.
	OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) BURIAL CREMATION, REMOVAL (Specily) 12-16-70	while A! Not While Work A! Wor	19 70 and the liew the body after death. Med. Director 22D. ADDRESS WATORY 24D. LC	of in (my) (aur) api	238, DATE SIGNED (2/14/70. 5 Hosp. (Stote)
	OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) BURIAL CREMATION, REMOVAL (Specily) 12-16-70	while A! Not While Work At	19 70 ond the liew the body after death. Inding Med. Director Dir	of in (my) (aur) api	238, DATE SIGNED (2/14/70. 5 Hosp. (Stote)
	OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) BURIAL CREMATION, REMOVAL (Specily) 12-16-70	while A! Not While Work At	19 70 and the liew the body after death. Med. Director 22D. ADDRESS WATORY 24D. LC	of in (my) (aur) api	1238, DATE SIGNED 12/12/70. 15 Hosp. 19, town, or county) (Stote)



VS 151-REV. 1/1/68

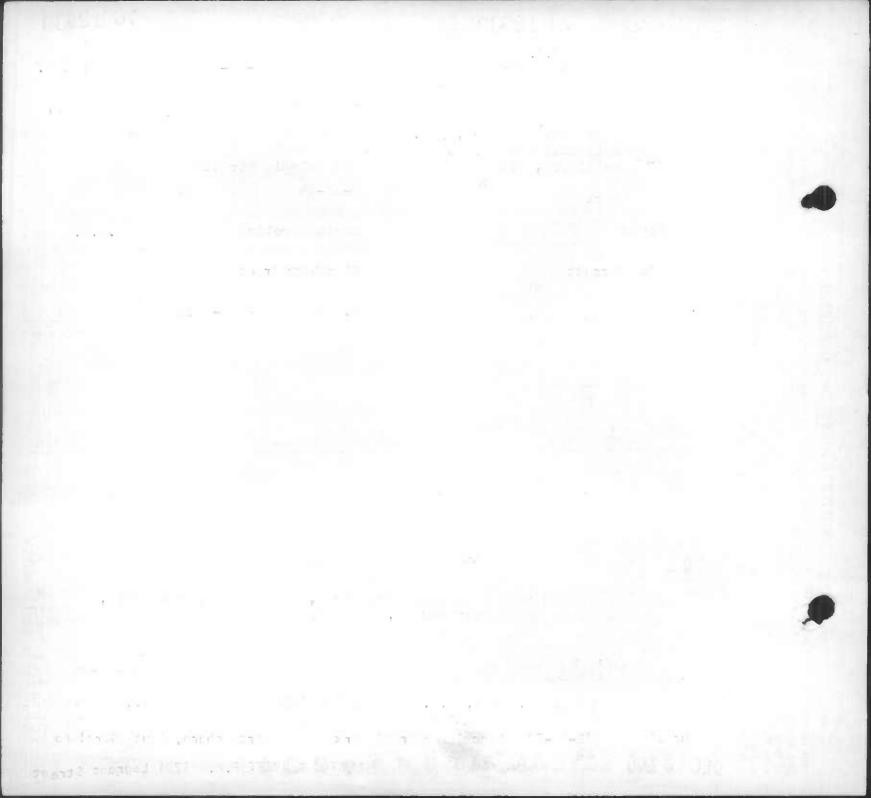


1	M AAC)		BALTIMORE CITY	HEALTH DEPARTMENT		70 12238
BIR	70 12a	38	CERTIFICA	TE OF DEATH		
	pe or Print) MACK, Albert	BERNA	RD		AND HOUR OF DEATH	2:22 P M
3.	PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUN	CED DEAD	4. USUAL RESIDENCE (VA. STATE B. CO		stitution: residence belore odmission)
HO	ILL NAME OF (IF NOT IN HOSPITAL ODSPITAL OR ADDRESS OR LOCATION STITUTION		ON, GIVE STREET	Maryland C. CITY OR TOWN	Baltimore	City 8-33 DE CITY LIMITS?
1				Baltimore		YES 🔀 NO
1	The Good Sam Baltimore, M				ilton Avenu	e
5.	3.6 D	ARRIED DOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 02-25-04	9. AGE (In years lost birthdoy) 66	If Under 1 Yr, If Under 24 Hrs, Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 10 B.	KIND OF BL	ISINESS OR INDUSTRY	11. BIRTHPLACE (State of	loreign country)	12. CITIZEN OF WHAT COUNTRY?
	Truck Driver			XXXXXXXXXX	Balto., Md	USA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
	Unknown (William Mack	:)		Unknown	(Minnie Smith	h)
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war or dates of	service) 16	SOCIAL SECURITY NO.	17. INFORMANT		- ADDRESS
	Inknown		16096916	(lona) Elsie Kes	S	Same
-	18. /	100	CAUSE OF DEAT			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECT	l. Y				BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A)IMMEDIATE CAL	SE Bronelyrge in	i Carrina	
	(This does not mean the made of dyin heart failure, asthenia, etc. It means the injury or complication which caused deat	disease,	A CONSEQUENCE OF:			
	ANTECEDENT CAUSES		.cl.	1	h	
			(B)TTO OR AS	hy percolieme	er j	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	DISEASES OR CONDITIONS, if any, rise to the above cause (A) state				9	
	UNDERLYING CONDITION last.		(c) Rymi	shopi dea	thens	
_				Ĵ		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TEDISEASE OR CONDITION GIVEN IN PART 1 (A	RMINAL				
ERTIFIC		N FOR WH	CH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	OR CONTRIBUTING CAUSE OF	21B. PL home, etc.)	ACE OF INJURY (e.g., i form, foctory, street, of	n or obout 210 WHERE DIE	(If in Boltimor	e City, give exoct locotion)
EDI		our) 21E, IN	JURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
2	(A PPROX.)	While	At Not While At Work			
	22. I certify that (+) (this haspital) att			11/27	19 70 to	12/100 10.76
	that (1) (we) last saw the deceased al		12/7 IPM	19 70 and		19.26
	and have and from the causes stated a	bave. (1) (₩e) (did) (d id not) v	iew the bady after dea	th.	
	23A. SIGNATURE					238, DATE SIGNED
	Have I. Ille		DEGREE Phy	nding Med. Director	Staff Phys.	12/70/76
	23C. PHYSICIAN'S			23D. ADDRESS		
	NAME (Type)/ Harvey G.	Klein		Good Sama	ritan Hospi	tal
24	A. BURIAL CREMATION, 24B. DATE	24C. NAM	E of CEMETERY of CRI	MATORY 24E	LOCATION (Ci	ty, town, or county) (State)
	Burial 12-17-70	New	Cathedral		Baltimore, M	
25						ADDRESS
23	DEC16 1970 Calle E	Jaben,	At D.	250 FUNERAL DIRECT	ETT F.H. 170	1 Laurens Street
VS	150-REV 1/1/68					

Taily and the false of the state of the stat

a hospital and cause of death se; (5) Deceased indance on the to death. Such	
This certificate must be increased by the chief medical examiner or his assistant if death. Curred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be the proved by the chief medical examiner or his assistant if death Lurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased priwritten approval must be obtained before the remains are embalmed or final disposition is made.	
examiner or h examiner. Also (3) A fracture of an who pronour in regular atte	
the chief medical by a medical (2) Body burns; ere the physicial was efore the remain	
d to the hospitated to the hospitated and lexcept who ath); and (6) No it be obtained by	
his certificate must be he body was released hows: (1) An accident vas D.O.A. at a hospit leceased prior to deat vritten approval must	
This of the bis show: was I deced	

		12239		TE OF DEATH	REG. NO	70 12239		
1,1	NAME OF DECEASED E.	G.			AND HOUR OF DEATH			
		Jackson			2-12-70	5:45 a. M.		
FL	PLACE IN BALTIMORE, MARYLAND, V			A. STATE B. COU	ere deceosed lived. If i	institution: rosidonce before odmission)		
H	OSPITAL OR ADDRESS OR LOC	ATION)	ON, ONE SINEE!	C. CITY OR TOWN	D. IN:	SIDE CITY LIMITS?		
	2 Provident	_		Baltimore		YES 🔀 NO		
-	5 / 1514 Divi			E. STREET AND NUMBER				
E	Baltimore Baltimore			534 Dolphin				
F	emale Black	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 5-27-34	9. AGE (in years lost birthdoy) 36	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.		
dol	NUSUAL OCCUPATION (Give kind of worked) Le during most of working lite, even if relired) Unemployed	10B KIND OF B	USINESS OR INDUSTRY	South Carol		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13.	FATHER'S NAME	1		14. MOTHER'S MAIDEN NA	AME			
	Sam Gossett			Elizabeth Gr	ant			
15.	Was Deceased Ever in U. S. Armed For s, no or unknown) (If yes, give war or date	ces?	6. SOCIAL	17. INFORMANT		ADDRESS		
١.	lo.	2 Of SELAICE!	SECURITY NO.	Mr. Fred Jac	keon - Unch	and SAME		
	18. // 2/ 31		CAUSE OF DEAT		KSON - AUST	APPROXIMATE INTERVAL		
	DISEASE OR CONDITION DI LEADING TO DEATH IThis does not meen the mode of		(A) IMMEDIATE CAL		purabry	Aucas S		
	heorf failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)							
	DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS A CONSEQUENCE OF: DUE 10, OR AS A CONSEQUENCE OF:							
	DISEASES OR CONDITIONS, if rise to the above cause IA) UNDERLYING CONDITION lost.	any, giving stating the	(c)	a consequence of:	ulis: Ask	iralin preumenia		
_	11				1			
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR	HE TERMINAL	(87000000000000000000000000000000000000	***************************************		***************************************		
ERTIFIC	19A-DATE OF OPERATION 19B. CON WAS PER	ORMED	ICH OPERATION	NO NO	O) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
AL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF DEATH (notify medicof exomined)	21 B. PL home, etc.)	ACE OF INJURY (e.g., if form, foctory, street, of	n or obout 21C. WHERE DID fice bldg., fNJURY OCCUR?	(If In Boltima	re City, give exoct location)		
MEDIC	21D.TIME (Month) (Doyl (Yeorl OF INJURY (APPROX.)	(Hour) 21E, fN While Work	At Work	21F. HOW DID IN	JURY OCCUR?			
	22. I certify that (1) (this hospital				19 70 to Dece	ember 12. 70		
	that (1) (we) last saw the decease	d allve an De	ecember 12,	19 70 and th	hat in (my) (aur) api	inlan death accurred on the date		
	and have and from the causes stat	ed above. (I) (We) (did) (dld nat) v	iew the bady after death.				
	23A. SIGNATURE		C . Am.	nding Med.	c. " —	23B DATE SIGNED		
	23C. PHYSICIAN'S NAME (Type)	J. L.00	DEGREE Phys	Med. Director 23D. ADDRESS	Phys. D	12-15-70		
		G. Loot	, M.D.	1514 Diviso	n Street Ba	lto., Maryland 2121		
24/	BURIAL CREMATION, 248. DATE REMOVAL (Specify)		E of CEMETERY of CRE			ity, town, or county) (State)		
	Burial 12-18-		coln Memoria	1 Park Sp	artansburg,	South Carolina		
0	EC 16 1970 384 2	Markey R	LU O O	25C. FUNERAL DIRECTO	TT F.H. 17	Ol Laurens Street		
VS	150-REV. 1/1/68							



70 12240 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. '70 BIRTH NO I. NAME OF DECEASED 2. DATE Known 🚫 Hour (Type or Print) OF Levern Green Estimoted . DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Year Hour IF NOT IN HO PITAL OR INSTITUTION, GAVES TREES PRONOUNCED DEAD 12 13 70 1:35 5. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY Union Memorial Hospital Maryland 7. RACE 6. SEX 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS? colored WIDOWED male Baltimore DIVORCED __ YES X NO L 9. DATE OF BIRTH 10. AGE (in years lost birthday) If Under 1 Yr. II Under 24 Hrs. E. STREET AND NUMBER Months; Days; Hours; Min. 3-16-1947 23 4609 Northwood XXXX Drive 11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Florence, South Carolina Charles Green 14A-USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S MAIDEN NAME fone during most of working life, even if retired) MTA Transit Co. Operator Mattie Green 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. 218-44-6434 18. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dojes of service)
Yes . 10/3/66 10/1/68 4609 Northwood Drive Mrs. Edna Green 19. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Carbon monoxide poisoning LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart follure, osthenio, etc. It meons the disease, injury or complication which coused deoth.) ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. NO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION | 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) EXTERNAL CAUSE WAS 226. PLACE OF INJURY (e.g., In or obout 22C. WHERE DID (If in Baltimore City, give exact location) home, form, loctory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB UTING CAUSE OF DEATH. rear of 4609 Northwood Ave. garage 22D. TIME (Month) (Yeor) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE inhalation of exhaust fumes from auto. WHILE AT (APPROX.) m. WORK a. I certify that I held an Inquiry Inspection X Autopsy and that on this basis, death in my opinion resulted from: Natural causes Accident Sulcide Homicide ___ Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. M.D. EXAMINER'S ASSOCIATE MEDICAL EXAMINER L NAME (Type) Deputy Chief Medical Examiner Werner U. Spifz, M.D. 24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY or CREMATORY

Arbutus Memorial Park

25B. NAME OF REGISTRAR

24D. LOCATION

25C. FUNERAL DIRECTOR

MORION & DYETT F.H.

Baltimore.

(City, town, or county)

ADDRESS

Maryland

1701 Laurens Street

VS 151-REV. 1/1/68 6 X

25A. DATE REC'D BY HEALTH DEPT.

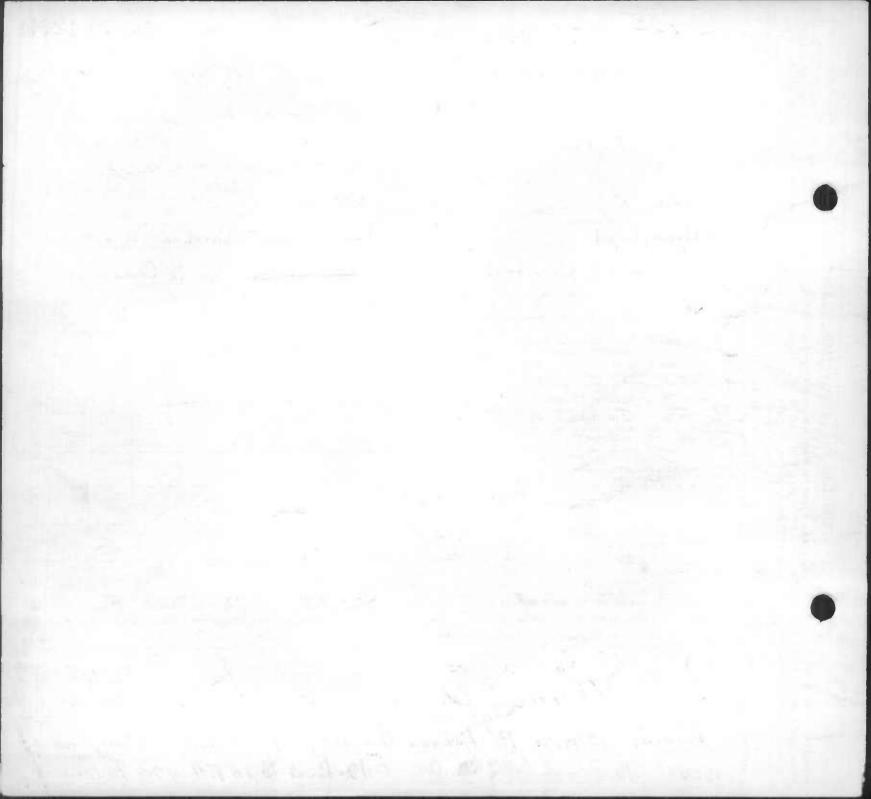
12-19-70

REMOVAL (Specify) Buria

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	1	-455 BALTIMORE CITY	HEALTH DEPARTMENT						
Ì	BIR	TH NO. 70 12241 CERTIFICA	TE OF DEATH REG. NO. 13/0/070 12241						
		AME OF DECEASED	2. DATE AND HOUR OF DEATH						
	2	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	11/4/70 1 4:15 PM						
	30	MARILAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission)						
	HC	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 20-02						
	IN	S TO THE TIME	C. CITY OR TOWN D. INSIDE CITY LIMITS? YES IN NO						
		BON SECOURS HOSPITAL	E. STREET AND NUMBER						
	3	4	2229 W. SARATOGA STREET						
	5, 5	6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. In under 24 Hrs. If Under 24 Hrs. Months; Doys Hours Min.						
	104	FMALE B WIDOWED DIVORCED	3/30/12 58						
	don	. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY e during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
	12	Unemployed	Mullin, South Carolina U.S.A.						
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	16.1	Willis Cranterd	Richardson Senie Cranford						
	(Yes	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS						
		No.	Mr. MonRoe Coleman 2229 W. Sarah						
		18. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Henetic Come 18 days						
		(This does not mean the made of dying, e.g., heart loilure, asthenia, etc. It means the disease,							
		injury or complication which coused death.)							
		ANTECEDENT CAUSES	thousand with astartain. Indefinite.						
		DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS rise to the obove cause (A) stating the	A CONSEQUENCE OF:						
		UNDERLYING CONDITION last. (C)							
	z	11							
	Ě	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
	U	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED						
	RTIF	2 WAS PERFORMED	VES IN CERTIFYING CAUSES OF DEATH?						
	O	21 A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in home, form, foctory, street, off	or about 21 C. WHERE DID (If in Boltimare City, give exact location)						
	O	DEATH (notify medical examiner) elc.)	No story when the story						
		21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?						
	<	(APPROX.) While At Work Not While							
		22. I certify that (1) (this haspital) attended the deceased fram	NOV 27 1970 10 DEC 14 1970						
		that (I) (we) last saw the deceased alive an DEC 14	19 70 and that in(my) (aur) apinion death accurred an the date						
		and hour and fram the causes stated above. (i) (We) (did) (did not) vi	iew the body after death.						
		23A. SIGNATURE Many Condition Amen	23B, DATE SIGNED						
		DEGREE Phys.							
		NAME (Type)	3D. ADDRESS Broad Concern Line 1.						
	24A	BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREA	Surviccours to spiral						
	2-47-41	REMOVAL (Specify)	MATORY 24D. LOCATION (City, lown, or county) (Stole)						
	25A	DURIA 12/19/70 Mt. HUBURN (B. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	metery Baltimere, Maryland						
		The state of the s	25C. FUNERAL DIRECTOR ADDRESS						

July & Jailey Ma Marken 3 Dyett F.H. 6 1970 LAUNCES VS 150-REV. 1/1/68



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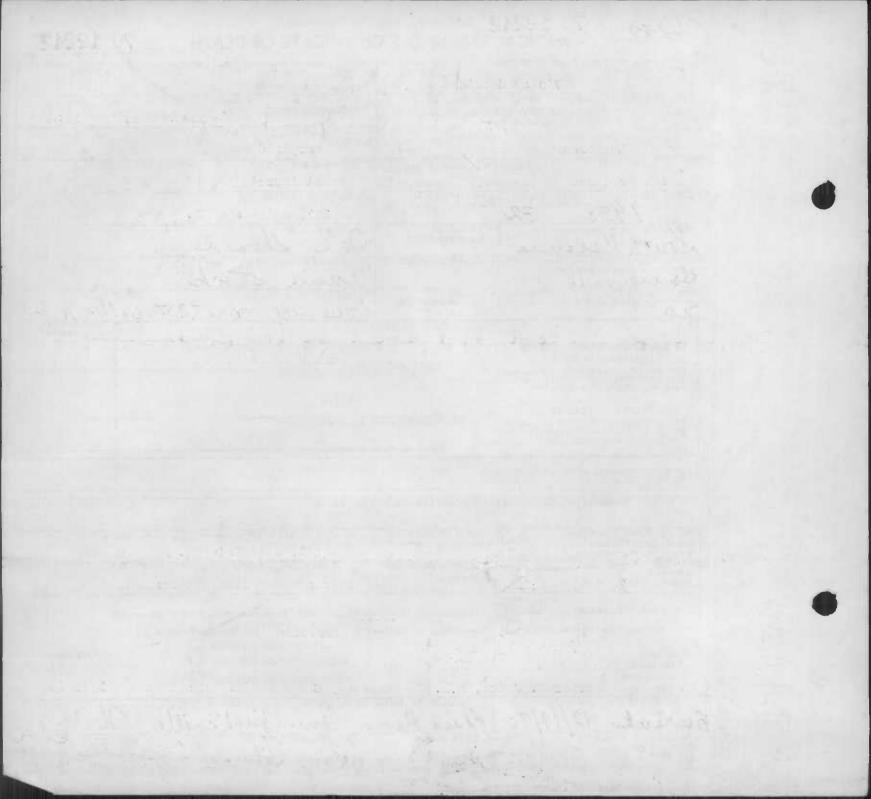
25C. FUNERAL DIRECTOR

258. NAME OF REGISTRAR

BULLEGE

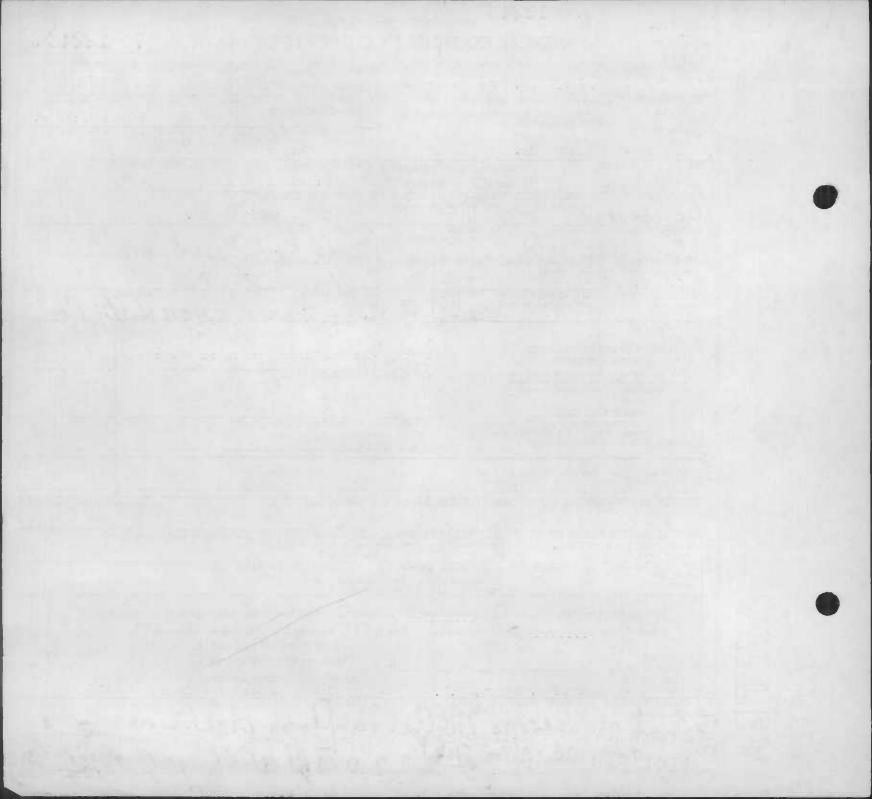
VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

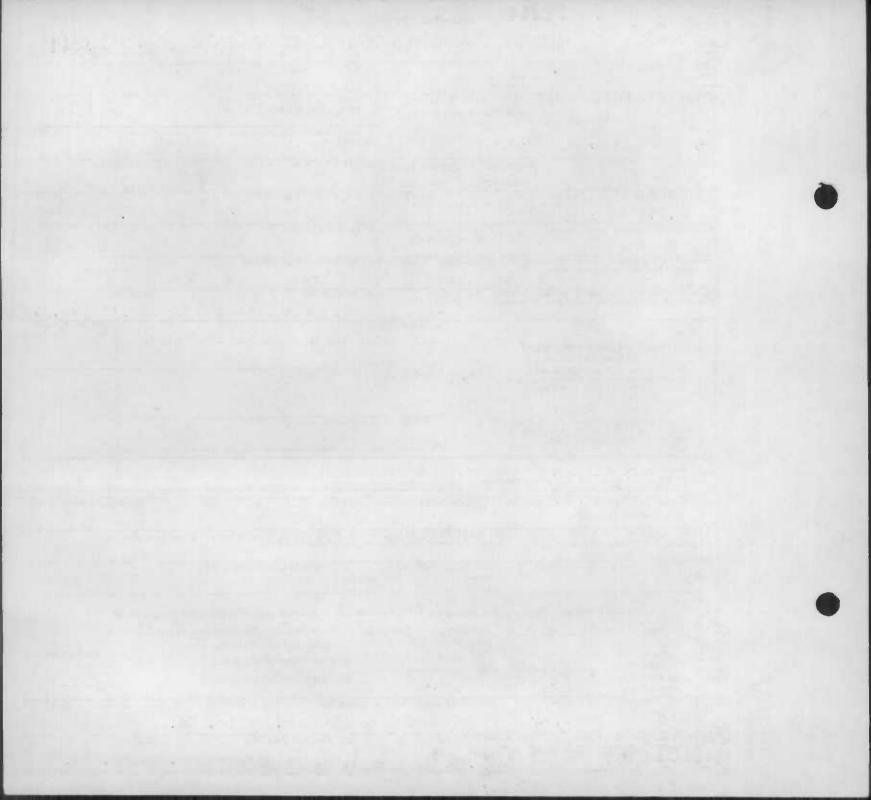


	70 12243 BALTIMORE CITY HEALTH DEPARTMENT	
5-535	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	12243

BIR	TH NO.		AILOI	DEAT	REG. NO)	-0.0.20	-
1, 1	NAME OF DECEASED	2. DATE	Known 🔼	Month	Doy	Yeor	Hour	Ē
(Typ	e or Print) Jessie F. Snowden	OF	Estimoted					E
4 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH 3. DATE		Month	Doy	Yeor	Hour	1.
1	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET		NCED DEAD	12	15	70		
HOS	SPITAL ADDRESS OR LOCATION)						'7:25 a. N	A.,
OK	INSTITUTION	A. STATE	SIDENCE (Where		ed. If Institution B. COUNTY	on: residence	before admission)	
1	4011 Hilton Rd.	A. SIAIL	Maryland		b, CODINI 1	15	11	
6. 5	EX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR T	OWN		D. INSIDE	CITY LIMITS?		- Chante
m	-1 1 1 -11	В	altimore			w [7]		
	ATE OF BIRTH 10.AGE (In years If Under 1 Yr. If Under 24 Hrs.		ND NUMBER			YES L	NO L	-
1	losi birthdoy) Months : Doys : Hours : Min.			1				
n	4C-15-1890 80	GA.	4011 Hi	T COU K	.a .			
11,	BIRTHPEACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S	NAME	76	- (1	
	ike ville mal	7000	1 am	Hoi	Su	0010	UM.	
14A.	USUAL OCCUPATION (Give kind of work 48. KIND OF BUSINESS OR INDUSTR)	15. MOTHER	S MAIDEN NAM	E				_
done	during most of working life, even if refired)	1/	espirit	+ =)			
14	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	IB. INFORM	ANI	,		ADDRESS	1	-
(Yes	, no or unknown) (If yes, give wor ar dates of service) SECURITY NO.	h		1 '		14 04	- Place	04
	2/7-20-8873	18305	STUNK	30-26-1	4011	tella	nia d	3
	19. CAUSE OF DEA	TH .					PPROXIMATE INTERVAL VEEN ONSET AND DEAT	TH
	DISEASE OR CONDITION DIRECTLY	/	1.					
	LEADING TO DEATH ATTERIOS		cardiova	scular	disea	se		
	(This does not mean the mode of dying, e.g., DUE 10. OR	AS A CONSEQU	IENCE OF:					-
	heart failure, asthenia, etc. it means the disease, injury or complication which coused death.)							
	ANTECEDENT CAUSES (B)	AS A CONSEQ	WELLOS OF					
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQ	DENCE OF:					
7	UNDERLYING CONDITION LAST. (C)							
CERTIFICATION	II II							-
¥	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
F	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
RT	20A. DATE OF OPERATION 120B. CONDITION FOR WHICH OPERATION W	AS PERFORME	D			21. AUTO	PSY? (Yes or Na)	-
Ö						t	10	
닐	22A. EXTERNAL CAUSE WAS [22B. PLACE OF INJURY (e.g.,	In as about 22	C WHERE DID /	f la Raltimas	n Clhu alua a	wast lecation)		_
0	UNDERLYING ☐ OR CONTRIB. hame, form, factory, street, affic	e bldg., etc.) IN	JURY OCCUR?	i iti ballimat	e City, give e	maci rocanian)		
9	UTING CAUSE OF DEATH.							
Σ	22D. TIME (Manth) (Doy) (Year) (Hour) 22E.INJURY OCCURRED		F. HOW DID INJ	URY OCCI	JR?			
	(ARREOV)	WHILE ORK						
	23.							_
	I certify that I held an Inquiry Inspection X Au	topsy	and that on th	is basis,	death in m	y opinion		
	resulted faths Matural causes Accident Suicid	le Hor	nicide 🔲 U	Indetermin	ned manner			
	11100	С	HIEF MEDICAL EX	KAMINER				
	ACTUAL / COM / 7/63	ASSIS	TANT MEDICAL EX	KAMINER	П		DATE SIGNED	
	SIGNATURE M.D							
	EXAMINER'S NAME (Type) Werner U. Spitz, M.D. De		ciate Medical Ex		miner	1.	2/15/70	
24	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY			NOTATION		wn, or county		
RE	MOVAL (Specify)		1	21	1-		1201	
	121121 al hel 3/70 116 al-	raup	evetery!	al.	Time	186	11/6	
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C F	UNERAL DIRECTO	R)	ADDRESS	- n	
	DEC 17 1970 Paber En Jestey Co.	16	100 52/	1 OF	100,1	11 11	1137 N	
L		10	Y JUNE BAR	VX	LIGHT	014	001/166	4
V 5	151-REV. 1/1/68				10			18



ASSISTANT MEDICAL EXAMINER SIGNATURE. M.D. EXAMINER'S ASSOCIATE MEDICAL EXAMINER Islaore Mihalakis, M.D. 12 - 14 - 70NAME (Type) 24A, BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Slote) REMOVAL (Specify) Burial Moreland Memorial Cem Balto. 25A. DATE REC'D SY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS eonard J Ruck Inc. Balto. Md. 21214 VS 151-REV. 1/1/68



70 12245 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO. 2. DATE Known I. NAME OF DECEASED Month Doy Hour Year (Type or Print) OF JOHAN BOWDIER Boudier Estimated . DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Hour Month Doy Year APORESS OR LOCATION PRONOUNCED DEAD 12 6 1970 2:40 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) 1 - 20 - 71A. STATE B. COUNTY 1101 St. Paul St. Md. 6. SEX 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS? 8. MARRIED NEVER MARRIED male white Baltimore WIDOWED [YES X DIVORCED __ If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months, Doys, Hours, Min. 9. DATE OF BIRTH 10. AGE (In years lost birthday) 1101 St. Paul St. 13. FATHER'S NAME 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Indonesia 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) ountain Head (ountr 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. 18. INFORMANT (Yes, no ar unknown) (If yes, give war ar dates of service) Philip Goldreick-Acting Consul of the APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH Drug addletion DISEASE OR CONDITION DIRECTLY Bragioverdose;;multiple;; LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart lailure, asthenia, eic. it means the disease, injury or complication which caused death.) **ANTECEDENT CAUSES** (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTIFIC 20A. DATE OF OPERATION (20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22B.PLACE OF INJURY (e.g., in or obaut 22C. WHERE DID (if in Boltimore City, give exact location) hame, form, loctory, street, affice bidg., etc.) INJURY OCCUR? 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) 22F. HOW DID INJURY OCCUR? (Hour) 22E. INJURY OCCURRED (Year) OF INJURY WHILE AT NOT WHILE (APPROX.) m. WORK AT WORK Autopsy 🔀 and that an this basis, death in my opinion I certify that I held on Inquiry Inspection resulted from: Natural causes Accident Sulcide Hamicide ___ Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE. **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER Isidore Mihalakis, M.D. 12 - 7 - 70

24C. NAME of CEMETERY or CREMATORY

Parkinod (emetery

258. NAME OF REGISTRAR

24D, LOCATION

·ni uter Inc. -041

25C. FUNERAL DIRECTOR

one

(City, town, or county)

ADDRESS

Baltimore, Mrylana-21234

(State)

Belair Rd. -21206

NAME (Type)

25A. DATE REC'D BY HEALTH DEPT.

24B. DATE

24A. BURIAL CREMATION,

REMOVAL (Specify)

Buria

Letter from M.E.'s office 1-18-71 M.H. Letter from M.E.'s office 1-20-71 M.H. This certificate must be approved by the chief medical examiner or his assistant if death occurred in

9-625 70 1224		TE OF DEATH	REG. NO	70 12246
I. NAME OF DECEASED	MADA		D HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		DECI	EMBER 11,	1970 3:50 A
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)		MARYLAND C. CITY OR TOWN		IDE CITY LIMITS?
MA ST. AGNES HOSP	ITAL		D. 1143	YES NO
70		E. STREET AND NUMBER		
5. SEX 6. RACE 7. ALABO	IED X NEVER MARRIED	· 	VE APT A	21229
FEMALE WHITE WIDOW	VED DIVORCED	09-15-02	ost birthdoys	Months Doys If Under 24 H Months Doys Min.
OA, USUAL OCCUPATION (Give kind of work 10B, KIND fone during most of working life, even if relired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNT
WIRE WEIGHER GL	ASS COMPANY	MARYLAND		II.S A
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	(E	
MOSES HORNING		ELIZABETH (INKNOWN	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) If yes, give war or dates at service	1 6. SOCIAL SECURITY NO.	117. INFORMANT	NS AVE BA	LTO MD. 21229
NO NO	215-22-78	10 ST. AGNES		RECORDS CATON 8
18.	CAUSE OF DEAT	H The second of	(APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
LEADING TO DEATH	- 1	24 h	0.00	A /
(This does not mean the mode of dying,	(A) IMMEDIATE CAU	SE Mysican Lied	Jufar cleris	an anon
heart failure, asthenia, etc. It means the diser injury or complication which caused death.)	ise,	A GONDEQUENCE OF.		
ANTECEDENT CAUSES		Anterio schenitio	Heart 1	Arres Unknown
DISEASES OR CONDITIONS, if any, giv	ing DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the abave cause (A) stating UNDERLYING CONDITION last.	(C)			
li li	()		***************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IG D. P.	ing Eurphyse		
DISEASE OR CONDITION GIVEN IN PART 1 (A).	/			************
19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
	21 B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID		e City, give exoct locotion)
DEATH (notify medical examiner)	home, lorm, factory, street, of	ice bldg., INJURY OCCUR?	pr in boiling.	a only give exoct tocollons
21D.TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.)	While At Work At Work			
21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that \$() (this hospital) ottende		CEMBER 11 19	70 to DECE	MPED 11 70
that (*) (we) last saw the deceased alive o	DECEMBER 11		I (VV ())	MBER 11 1970
and hour and from the causes stated above	(N) (Wa) (dian XiXiX XXX.	out the hade after death	in (MAY (ont) obta	nion death occurred on the da
23A. SIGNATURE	· (2 (no) (did) (did) (did)	aw the body differ death.		23 B, DATE SIGNED
Grate a Varia	8 Al.D. Atter	ding Med. S	toff	12-11-70
23G. PHYSICIAN'S NAME (Type)	OEGREE Phys.		Horp a. U.	
DONATO A. VARGI	*	Balton	MD 212	4
	NAME OF CEMETERY OF CRE			y, town, or county) (Stole)
Burial 12-14-1970	New Cathed		timore, N	
	E OF REGISTRAR	25C, FUNERAL DIRECTOR	crimore, i	ADDRESS
DECI 1970 Cabas El Jak	20 %	71.9.2 3		2 Frederick Ave

VS 150-REV. 1/1/68

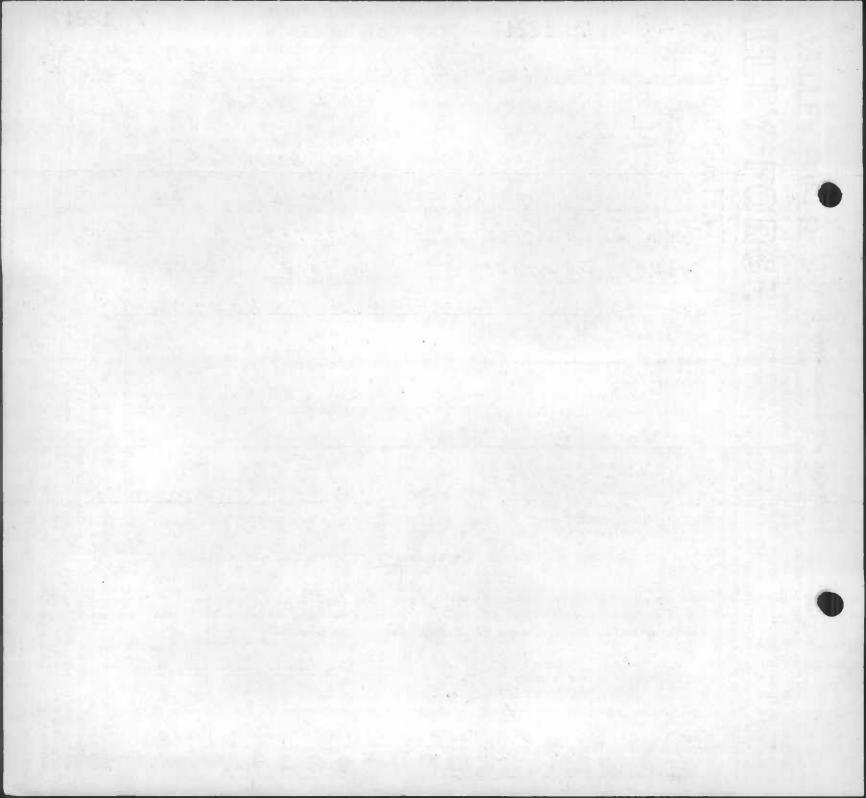
4704 sayer Ave.

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1	B-2/3 DO 10015 BALTIMORE CITY HEALTH DEPARTMENT 70 12247
בססב	CERTIFICATE OF DEATH
and eath ase th th	NAME OF DECEASED 2. DATE AND HOUR OF DEATH
deat deat cease on th	Baseharl, HrThun 12-4-10 10-5 m.
of of day	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where doceosed lived, If institution: residence before admission) A. STATE B. COUNTY
Se Se de de	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Md 21214
a h a d i o	OSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
in gg of	MY. Sinai Dursing Home Baltimon YES NO
ting d ca d ca prio	4613 Park Heights Aul, 2 n. Islower St.
ine ine ine ine	SEX S. RACE NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
occu ontri ermi regu ease	A USUAL OCCUPATION (Give kind of work108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12, CITIZEN OF WHAT COUNTRY?
or condete	ine during most of working life, even if retired)
- S -	FRUCK DRIVER CITY GOVT MARYLAND 1.3-4
rect (4) U (4) U the ispos	11 21 21 21 21
E - 15 - E - 73	HENRY BASEITHET MATTIE VOSBORG Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
a e e i	es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
S + _ = := :=	1VO 218-09-858/A JOSEPH R. T3/ASE/A ART-6/6/4/ HAR FORD 18. APPROXIMATE INTERVAL
s i i	DISEASE OR CONDITION DIRECTLY
Also e of noun atte	LEADING TO DEATH (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE
	(This does not mean the made at dying, e.g., heart failure, asthenia, etc. It means the disease,
ner act pr pr mb	Injury or complication which caused death.)
A fr	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
exe (3)	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)
dical ical rns; (sicia was	
edice burr bysi n w rem	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
m m m m m m m m m m m m m m m m m m m	DISEASE OR CONDITION GIVEN IN PART 1 (A).
Bod Bod the ysie	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
by re for for	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR?
rtal rtal No No	DEATH (notify medical examiner) etc.)
hosp nature ept w d (6)	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While T
	(APPROX.) Work At Work
the ex ex	22. I certify that (1) (this haspital) attended the deceased fram 19 ta 19,
ap to of al (h);	that (1) (we) last saw the deceased alive an 19 and that in (my) (aur) apinion death accurred an the date
t be a sed to int of pital eath) ust be	and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE
must eleas ccide hos to d	Attending Med. 5 traff
	23C. PHYSICIAN'S 23D. ADDRESS 23D. ADDRESS
was r was r A. at a prior	NAME (Type) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	IA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)
od) s: (D.O ase	BURIAN 12/12/70 MORELAND PARK PARKVILLE MD
This certify the body shows: (1) was D.O waritten a	SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
₹ \$ \$ \$ \$ \$	DEC17 100 Cabrell Fallow May 10 2 VOLTER TO THE HOME-47210
	150-REV. 1/1/68

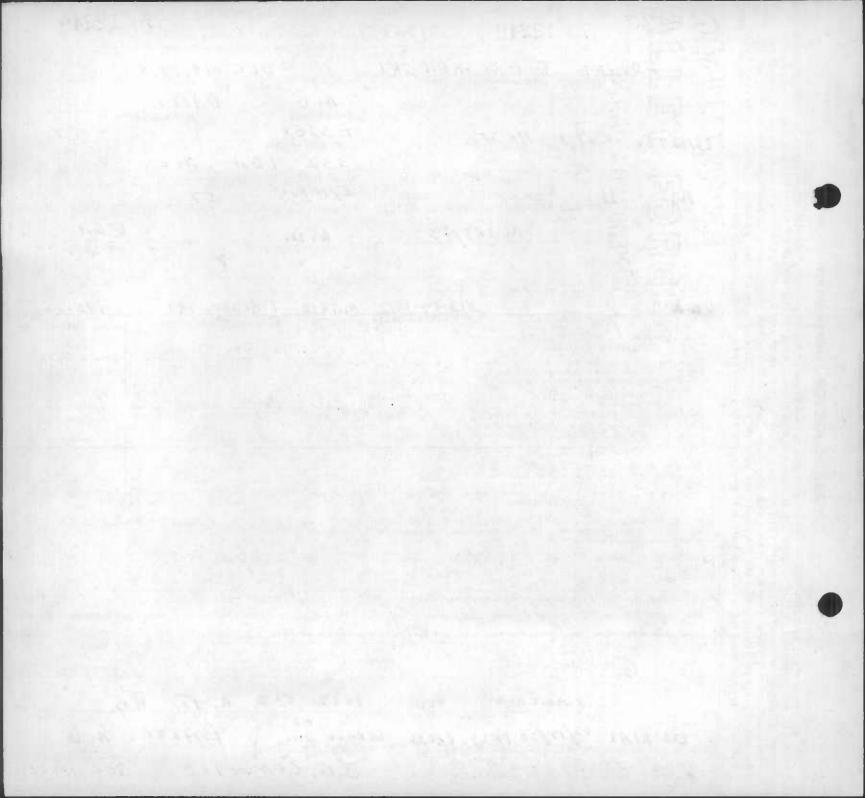


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a haspital and the body was released to the haspital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	IRTH NO. 70 . 22/45 CERT		HEALTH DEPART		REG. NO	70 12248
1.	NAME OF DECEASED		2.		ID HOUR OF DEAT	Н
3	STEVENSON, BABY BOY Place IN BALTIMORE, MARYLAND, WHERE PROHOUNCED DEAD		I A RESIDE		12-14-70	institution; residence beloro admission)
F	ULL NAME OF UF NOT IN HOSPITAL OF INSTITUTION, GIVE S	IIA. STATE	LAND	1X	1 -	
	IOSPITAL DR ADDRESS OR LOCATION) STUDITION ST. AGNES HOSPITAL	C. CITY OR TOWN		D. IN	ISIDE CITY LIMITS?	
1/	WILKENS & CATON AVE	BALTIM			YES X NO	
	BALTIMORE, MD. 21229				ON AVE.	
		RCED	8. DATE OF BIRTH)	9. AGE (In years lost buthday)	Months Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (SI	lote or lore	gn country)	12. CITIZEN DE WHAT COUNTRY?
	BABY		MARYLAN	ID.		USA
13	FATHER'S NAME		14. MOTHER'S MA		ME	03A
	ROBERT STEVENSON		LYNDA L	, KR	AUSE	
1.5 (Y	. Was Deceased Ever in U. S. Armed Forces? 16. SDCIAL SECURITY	ND	17. INFORMANT			ADDRESS
	NO SECONII	ND.	ST AGNE	SRE	CORD ROOM	WILKENS & CATON
EDICAL CERTIFICATION	It is does not meen the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERAT. WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 10R CONTRIBUTIND 1	ION URY (e.g., in, street, all	A CONSEQUENCE OF A CONSEQUENCE OF 20A. AUTOPSY? (NO 1 or obout 21C, WHEI fice bldg., INJURY O	F: TULY OF: (Yes or No) RE DID CCUR?	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exoct locotion)
W	(APPROX.) White At Work	Not While At Work				
	22. I certify that (h) (this haspital) ottended the deceased fithat (1) (we) last saw the deceased alive an	-	19 70	1 ond the		12-14- 19 /O
	and haur and from the causes stated above. (1) (We) (dld) (d	美國海灣 vi	lew the body after	r deoth.		
	Josea - Cem/	D house	nding Med.		Shoff D Therm	12-14-70
	23C.PHYSICIAN'S NAME (Type) DR. CRUZ	FOKEE	3D. ADDRESS WILKENS		ACTON AVE	12-14-70
24	A. BURIAL CREMATION, 24B. DATE 24G. NAME of CEMETE REMOVAL (Specify)	RY or CRE	MATORY			City, town, or county) (Stote)
	BUBIAL 1916/70 OFK L	gwa			BALTO.	mo
25	DEC 17 1970 Res E Sales W) ()	Conne	CL	Funera	I Home maci

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BALTIMORE CITY HEALTH DEPARTMENT					70 40015		
C	70 12249	CERTIFICA	TE OF DEATH	REG. NO	70 12249		
	NAME OF DECEASED		2. DATE	AND HOUR OF DEATH	н		
(Ту	pe or Print) FOWADD T (5)	ROSKOWSKI	j)	FC 14 1	970 M.		
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (WI A. STATE B. COL	here deceased lived. It	920 M. institution: residence before admission)		
	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)		MO BALTO 5300				
HO			C. CITY OR TOWN D. INSIDE CITY LIMITS?				
1	BAITE CITY HO	SP	ESSEX YES NO L				
1 3	SHLTO.		E. STREET AND NUMBER				
13			332 IDA AVE.				
5.	SEX 6. RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.		
	M WIDOW	ED DIVORCED	5/10/13	57			
	A. USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or to	reign country)	12. CITIZEN OF WHAT COUNTRY?		
dor	ne during most of working life, even il retired)	2 -2 2 1 - 6	1 5		USA		
12		ARTINS	14. MOTHER'S MAIDEN N	AAAF			
13.	FATHER'S NAME		WOTHER 3 MAIDEN N	>			
	,			:			
	Was Deceased Ever in U. S. Armed Forces? s. no or unknown) (If yes, give war or dates of service	e) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
i	NK	213-09-2977	MARIE 6	RODKOWSK,	1 PBENE		
П	18.	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY		10-1-	1 4			
	LEADING TO DEATH	(A) IMMEDIATE CAI		Anest	muedich		
	(This does not mean the mode of dying, a heart foilure, asthenia, etc. It means the disease		A CONSEQUENCE OF:				
H	injury or complication which coused death.)						
1	ANTECEDENT CAUSES	UNIVERSIZE D	starchin	- 3 hours			
Н	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:						
	rise to the obove couse (A) stoting the						
H	UNDERLYING CONDITION Iosi.	UNDERLYING CONDITION lost. (C)					
z	CANTAGO AND CONTRIBUTION						
02	TO THE DEATH BUT NOT RELATED TO THE TERMIN						
Y O	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES WER	E FINDINGS CONSIDERED		
ERTIFI	WAS PERFORMED		IN CERTIFYING C	AUSES OF DEATH?			
CER	21A. ACCIDENT WAS UNDERLYING	in or obout 21 C. WHERE DID	(If in Boltim	ore City, give exoct location			
AL	OR CONTRIBUTING CAUSE OF home, form, foctory, street,		ffice bldg., INJURY OCCUR?	(
U	DEATH (notify medical examiner)						
LED!	OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?			
2	(APPROX.)						
	22. I certify that (1) (this hospital) attended the deceased from 1/1/26 1970 to 1/1/19 70,						
	that (I) (we) lost sow the deceased alive	- 1.	¥ 10 70 and		pinion death occurred on the date		
					printed on the dote		
	and hour and from the causes stated above	(1) (We) (did) (did not)	view the body ofter deoth	1.			
	23A. SIGNATURE	Δ+4-	anding A Mad	الماء	23B. DATE SIGNED		
	And Allending Attending Director Staff Director						
	23C. PHYSICIAN'S NAME (Type)						
	CAMERO	mn	1012 00	o IV Pr	Rn		
24.	A. BURIAL CREMATION, 24B. DATE 240	NAME of CEMETERY OF CR	EMATORY 24D.	LOCATION	City, town, or county) (Stote)		
	REMOVAL (Specify)		C = 0	130	20 0- 1		
0.5	DNKIHT 1,110 1.		DISCOUNTED BILL	17176	ADDRESS		
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAM	TE OF REGISTRAR	250 JUNERAL DIRECT		AUDRESS		
-	DECI THE WAR SE	Bon ACD	J.b. CO1.	VILLA	300 MACE		
VS	150-REV. 1/1/68	an alama)					



	a hospital and	cause of death	ise; (5) Deceased	endance on the	to death. Such		
)	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	to the hospital by a medical examiner. Also, if the direct or contributing cause of death	of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	tal (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	sosition is made.	
	r or his assistant i	. Also, if the dire	ure of any kind; (4	onounced death	r attendance on t	almed or final disp	
	medical examine	nedical examiner	burns; (3) A fract	physician who pr	an was in regula	remains are emb	
	proved by the chief	he hospital by a	ny nature; (2) Body	except where the	and (6) No physici	be obtained before the remains are embalmed or final disposition is made.	
,	ficate must be app	the body was released to t	shows: (1) An accident of ar	was D.O.A. at a hospital (e	prior to death);	written approval must be o	
	This certi	the body	shows: (1	was D.O.	deceased	written a	

K		THEALTH DEPARTMENT REG, NO.	12250				
	NAME OF DECEASED	2 DATE AND HOUR OF DEATH	per per				
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institutions residence before admission)						
F	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. STATE 8. COUNTY BALTO. CO.					
	NSTITUTION	C. CITY OR TOWN BALT I MORE COSEA D. INSIDE CITY LIMITS?					
	33 JOHNS HOPKINS HOSPITAL	E. STREET AND NUMBER RIVERDALE APTS 18 B. FENWAY S.					
5.	Male 6. RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In yoors of Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.					
10	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12	CITIZEN OF WHAT COUNTRY?				
	STEEL	5 REECE	USA				
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	TOM GIANOPOULOS	HELEN					
1.5 (Y	. Wos Deceosed Ever in U. S. Armed Forces? os,no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT	ADDRESS				
	UNK 213-07-4406,		A BOUE				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH CAUSE OF DEATH APPLICATION OF A						
	(This does not meen the mode of dying, e.g., heart failure, astherio, etc. It means the disease, injury or complication which caused death?						
	ANTECEDENT CAUSES (B)	relevotre Cardiovascular	years.				
	DISEASES OR CONDITIONS, if ony, giving ise to the obove cause (A) stoting the UNDERLYING CONDITION lost.	A CONSEQUENCE OF:					
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL	higoid	1/2 years				
EPTIEICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208, IP YES, WERE FINDI	NGS CONSIDERED OF DEATH?				
CALCE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., In	n of about 21 C. WHERE DID AL In Rollimore City	, give exact lecation)				
85	21D. TIME (Month) (Doy) (Yeot) (Hour) 21E INJURY OCCURED 21F. HOW DID INJURY OCCUR? While At Not While At Work						
	22. I certify that (1) (this hospital) ottended the deceased from 11/30 19/0 to 12/14 19/0						
	that (f) (we) last saw the deceased alive on 12/14 19 70 and that in (my) (our) apinion death occurred on the date						
	and haur and from the causes stated above. (i) (We) (did) (did not) view the bady after death. 23A. SIGNATURE						
	James Jet Jerry nonegree Phys	12/14 1970					
	JAMES K. YEUNG JOHNS HOPKINS HOSPITAL						
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, to)	wn, or county) (Stole)				
25	A. DATE RECT ON HEALTH DEPT 258 NAME OF RECISTRAL A	BALTO.	MD.				
	DEC 1 (1) (2) (2) (3) (4) (5) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	JEC CONNELLY	300 NACE				

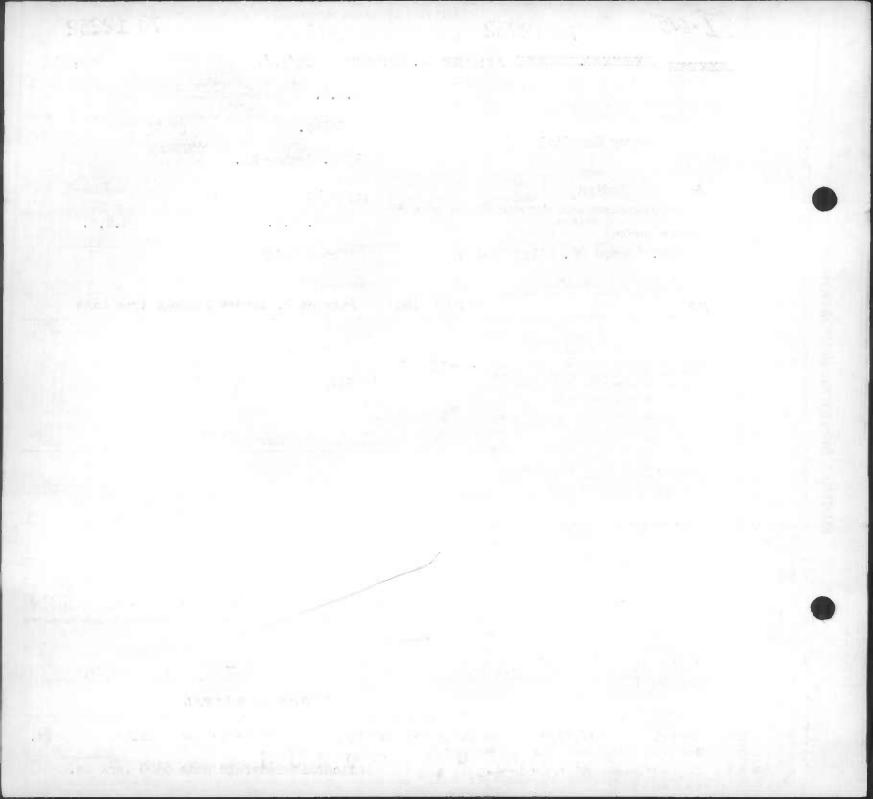
Bright OBERTHALL OUR BRIGHTER

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BALTIMORE	E CITY HEALTH DEPARTMENT 70 49954					
1 = 72/7 20 40054	SHAND 70 12251 CERTIFICATE OF DEATH X REG. NO. 70 12251					
H NO.						
1. NAME OF DECEASED (JENHIE)	2. DATE AND HOUR OF DEATH					
Virginia Katherine Johnson	12/14/0 8:17 A.M.					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, It institution: residence before admission) A. STATE B. COUNTY					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
House In The Pines	BEI Arr YES IX NO					
9 2525 W. Blevedere Ave.	E. STREET AND NUMBER					
Baltimore, Md. 21215	4 Linwood Garth					
5. SEX 6. RACE 7. MARRIED NEVER MARRIES	- The second sec					
F White WIDOWED N DIVORCE	DE 23 1892 TOTAL Months Days Hours					
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDIdone during most of working life, even if retired)	USTRY 11. BIRTHPLACE (Stote or loroign country) 12. CITIZEN OF WHAT COUNTRY?					
Housewife Homemaker	MATTEN, Virginia U.S.A.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
W?II FTEEMAN	Worte					
15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT Daughter 838-7240 ADDRESS					
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 218-22-31*	C DIE! 13 NOTH HUEBUE					
18. CAUSE OF 1	DEL LIGHT WITH THE					
7/9/9						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	olable Pulmonary Embolus 10 minute					
(A) IMMEDIA	This does not make the made of his					
heart failure, asthenia, etc. It means the disease.	OR AS A CONSEQUENCE OF:					
injury or camplication which caused death.)						
ANTECEDENT CAUSES	(B) white of the myo carried of gris.					
DISEASES OR CONDITIONS, if any, giving DUE TO, C	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:					
UNDERLYING CONDITION last	SCUD with alund fibrillety 57 yrs.					
11						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1. (A). 1994 DATE OF OPERATION WAS PERFORMED OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFIINO CAUSES OF DEATH?					
Table 1	The second secon					
U 21A. ACCIDENT WAS UNDERLYINO 21B. PLACE OF INJURY home, farm, foctory, street DEATH (notify medical examines)	(e.g., in or obout 21 C. WHERE DID (If In Boltimore City, give exect location) eet, office bidg., INJURY OCCUR?					
Q 21 D. TIME (Menth) IDoy) (Year) (Hour) 21 E. INJURY OCCURRED						
(APPROX.) While At Not	t While Work					
22. I certify that (1) (this hospital) attended the deceased from Feb 9 1970 to Dec 14 1970						
that (1) (we) last saw the deceased alive on PC 14 19 70 and that In(my) (our) opinion death occurred on the date						
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.						
23A. SIGNATURE						
Attending Med. Med. Stoff 1						
23C. PHYSICIAN'S 23D. ADDRESS						
NAME (Typel	NAME (Type)					
Alan B. Cohen, M.D.	DEGREE					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY C	of CREMATORY 24D. LOCATION (City, town, or county) (Stote)					
Burial DEC 16,1970 BELATIC MEMORI	Al GAMBUS BEL Air, HARFORD CO, MANIAND 21014					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. EUNERAL DIRECTOR					
DEC 17 1970 PROBE SOR SEA U 0	2 Deste of ward the Believe he las					
VS 150-REV 1/1/68	10000, 0000, 000,					

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
e approved by the chief medical examiner or his assistant if death occurred to the hospital by a medical examiner. Also, if the direct or contribution of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined to (except where the physician who pronounced death was in regular th); and (6) No physician was in regular attendance on the deceased pribe obtained before the remains are embalmed or final disposition is made.	
is assistant, if the dir any kind; ced death ndance on	
miner or h niner. Also fracture of o pronoun gular atte	
edical exandical exanurns; (3) A ysician wh was in re	
the chief me (2) Body by a me the physician sfore the reference of the physician states of the	
proved by the hospitally nature; except whe and (6) Nothern betained be	
leased to the second to the se	
This certificate must be the body was released shows: (1) An accident of was D.O.A. at a hospite deceased prior to death written approval must	
This ce the bo shows: was D deceas	

I-615 BIRTH NO.		12252	BALTIMORE CITY CERTIFICA	HEALTH DEPARTM	TH REG. NO	70 1225	52
1. NAME OF DE	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX E1	DWARD J. IRI	VINE 129	14 AND HOUR OF DEATH	1 9	9:45 P
3. PLACE IN BA	ALTIMORE MARYLAND, W	HERE PRONO		4. USUAL RESIDENCE	E (Where deceased lived, II	institution: residence be	Melaie admission)
HOSPITAL OR	OSPITAL OR ADDRESS OR LOCATION)			C. CITY OR TOWN	D. IN	SIDE CITYLIMITS?	0.2
37	3 / Mercy Hospital			E. STREET AND NUMBER 17 E. Center St.			
5. SEX M	6. RACE Indian	WIDOWED		8. DATE OF BIRTH 11/18/96	9. AGE (In years last birthday)	Months Doys Ho	Under 24 Hrs.
Never	CUPATION (Give kind of work I working life, even if retired) WORKED			Wash. D	or (oreign country)	U.S.A.	AAT COUNTRY
13. FATHER DE	MEdward St. G	iles Ir	vine	14. MOTHER'S MAIS	ENIMAME		
15. Was Decease (Yes, no or unknow	d Ever in U. S. Armed For n) (I(yes, give wor ar dote	ces? s al service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	ADDRESS	
NO			579 18 3142	Patrica M. Garden 21Apple Tree Lane			
DISEASES tise to II UNDERLYIN OTHER SIGNA TO THE DEL TO THE DEL TO THE DEL	injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS		A CONSEQUENCE OF: RID SCLERO HSE- A CONSEQUENCE OF:	ELIVER	FINDINGS CONSIDER	and the second s	
. OR CONTRIB	NT WAS UNDERLYING UTINO CAUSE OF	218. hom	PLACE OF INJURY (e.g., in e.g., form, factory, street, of	or about 21C, WHERE fice bldg., INJURY OCC	DID (If In Rellime	re City, give exact local	tion)
21D. TIME OF INJURY (APPROX.)	(Manth) (Doy) (Year)	Whi	21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR? While AI Not Work At Work				
that (4) (we	in A.M.	d olive on	12- //) (We) (did) (did not) v	ew the body after d	S toff Phys. 52		19 70 d on the dote
24A. BURIAL CRE	MATION, 248, DATE	24C. NA	ME of CEMETERY OF CRE		Y HOSPITAL		(5)
24A. BURIAL CRE REMOVAL Burial			w Cathedral Co		Frederick Rd	Balto	(Stote)
VS 150 REVINE	BY HEALTH DEPT.	25B. NAME O	F REGISTRAN	250 FUNERAL DIE Mitchell	кстор Wiedefeld Home	6500 York R	



a hospital and

-07-56	1/211 70 10000 BALTIMORE CITY HEALTH DEPARTMENT
7007	H-26/ 70 12253 CERTIFICATE OF DEATH X REG. NO. 70 12253
Suc	I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
Dec.	Albert A. Hay craft December 13, 1970 11:40 A.
0000	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
(5) and	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OND Gastia V-32
nd nd	D. INSIDE CITY LIMITS?
atte ior	TES NO.
+ P L de	4940 Eastern Avenue, Baltimore, Md. 21224 L. STREET AND NUMBER 45631 4940 Eastern Avenue, Baltimore, Md. 21224 141 2nd Ave PO Box 298
0000	5. SEX 6. RACE White 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., II Under 24 Hrs. Mig.
ermi regu sase is m	INA HISHAL OCCUPATION (Size Field and Top KWE)
in ece	done during most of working life, even if retired)
Siti	Orane Operator Construction Brownsville, Ky. USA
direct or ; (4) Unc th was in the dispositi	13. FATHER'S NAME ROBT. Haycraft Alice Florey
- D - D -	DS Was Down of East of the State of the Stat
the kin dec nce fina	(Yes, no or unknown) (II yes, give wor or dotes of service) NO 17. INFORMANT BCH-Records 4940 Easter APORESS. 288-01-6827 Wife Mrs. A. He yeraft
4 CTO	18. / APPROXIMATE INTERVAL
dan fo	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Probable A TACHER
Als nou art	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE // Vocardia/ Interction
ctu oro ba	injury or complication which caused death.)
fra page	ANTECEDENT CAUSES Consinil Artery Disease
A A P a	DISEASES OR CONDITIONS, If any, giving DUE TO, OR AS A CONSEQUENCE OF:
(3) an in	underlying condition last. (c) Arteriosclerotic Cardievascular Disease
10	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
burns bysici n was	other significant conditions contributing Brain Damage prob Secondary to anoxia
	Q DISEASE OR CONDITION GIVEN IN PART 1 (A).
0 = 4	WAS PERFORMED WHICH OFERATION 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR?
TO FZ	
pt w (6)	OF INJURY
y ne h xce and brai	Work At Work
- = 0 0	22. I certify that (1) (this hospital) attended the deceased from DEC 4 1970 to DEC 13 1970
th to to	that (1) (we) last saw the deceased alive an Dec 13 19 70 and that in (my) (our) apinion death occurred on the date
dent of ospital death) must be	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
E 0	Gary M. Kammer M. Dreeper Phys. Director Director Phys. 13 Heren 19: 19
0 0 7 7 8	23C. PHISICIAN'S //
y was r (1) An a).A. at d prior approv	Gary M. Kammer M.D. Raltimore Cetter Desottels 21224
	24A. BURIAL CREMATION, 24B. DATE 24C, NAME OF CREMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
D.O. D.O. dise	Curial (Specify) (2/16/70 Mound Hill Gallardis The
shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
₹ \$ \$ \$ \$	DEC 17 1970 Poles E. Jaber MD. O 2 MATChalf-Wada fold Home 6500 YORK Rd
	VS 150-REV. 1/1/68

Pasy 7,1908 ER Bornsones Ky USA Rob Hayaraft WIFE THIS M.A. Hayantt Attemsolowine and was wind more so N/o Glery M. Kammer Mit-Cellinewillety hayeres Gary H. Edmoner, H.P. Extlagato, Mer

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

VS 150=REVF1/1/68

1970

8-2M 70	400000	HEALTH DEPARTMENT	
BIRTH NO.	12254 CERTIFICA	TE OF DEATH	REG. No. 70 12254
I. NAME OF DECEASED		2. DATE AND HO	
(Type or Print)	Florence		
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	14. USUAL RESIDENCE (Where dece	ased lived. Il institution: residence before admission)
		A. STATE B. COUNTY	and it is institution, residence before odmission)
I RUSPITAL UK ADDRESS OF LOC	TAL OR INSTITUTION, GIVE STREET		2778
INSTITUTION		C. CITY OR TOWN	D. INSIDE CITY LIMITS?
111		E. STREET AND NUMBER	YES NO
72 Sinai Hi	ospital		2
		864 Benning	haus Rol
5. SEX 6. RACE	7- MARRIED NEVER MARRIED	lost bir	thdoy) If Under 1 Yr. if Under 24 Hrs. Months; Doys Hours; Min.
- W	WIDOWED DIVORCED	8-9-94	7/
tOA. USUAL OCCUPATION (Give kind of wo	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or foreign cou	ntry) 12. CITIZEN OF WHAT COUNTRY?
housewife	not	0.00:10 5.10	11 6
13. FATHER'S NAME	1101	14 MOTHER'S MAIDEN NAME	U.S.A.
Taylor		1	
			, 1a6/e
15. Was Deceased Ever In U. S. Armed Fo (Yes, no or unknown) (If yes, give wor or do	rces? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		tavailable	
18.	CAUSE OF DEATI	1 a valiable	APPROXIMATE INTERVAL
DISEASE OR CONDITION D	RECTLY		BETWEEN ONSET AND DEATH
LEADING TO DEATH			
(This does not meen the mode of	dying, e.g., (A) IMMEDIATE CAU	SE My OC and in A CONSEQUENCE OF:	Infarction days
heart failure, astheria, etc. It means	HIG GISEGSE"	CONSEQUENCE OF:	, ,
ANTECEDENT CAUSES		100	
	101 77	CUD	years
DISEASES OR CONDITIONS, il	ony, giving DUE TO, OR AS	A CONSEQUENCE OF:	y
UNDERLYING CONDITION lost.	(c)C C C C C C C C C C C C C C C C C C	asstrue hear	+ failure days
11		8	
O OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING		
TO THE DEATH BUT NOT RELATED TO T	HE TERMINAL DIG C	etes	years
19A. DATE OF OPERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No) 208,	IF YES, WERE FINDINGS CONSIDERED
WAS PER	FORMED	IN C	ERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., Ir home, form, loclory, street, of	or obout 21 C. WHERE DID	(II in Boltimore City, give exact location)
DEATH (notify medical examines)	home, form, loctory, street, of	ice bldg. INJURY OCCUR?	in in dominors city, give exact location;
O 21D.T)ME (Month) (Doy) (Year)			
2 of mack!	(Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OC	CUR
(APPROX)	While At Not While At Work		
22. I certify that (1) (this hospital) attended the deceased from	mr 30 1071	Dia Dec 13: 19 70
that (1) (we) last saw the decease	^	productive and a second second second second second	
and the same of th		and that in (m	y) (aur) apinian death accurred an the date
23A. SIGNATURE	ed abave. (1) (We) (did) (did not) vi	ew the bady after death.	
100	-		23 B. DATE SIGNED
marcia Wa	ton IHING M. DEGREE Phys.	ding Med. Staff Phys.	12-12-30
23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS	12 10
MARCIA 11	DATERBUN		
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CRE	MATORY 1240 1061	M. (Ch.
REMOVAL (Specify)	CALL STATE OF CALL	MATORY 24D. LOCATION	N (City, town, er county) (Stote)
KEMOUAL 12-13-	10	· Wals	on 11.C.
25A. DATE REC'D BY HEALTH DEPT.	25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS B.
DEC 1 / 1970 P.R. 6	E. Jalker H.D.	2) Wins D Ilekue	at Jour Math + PA AVE TO

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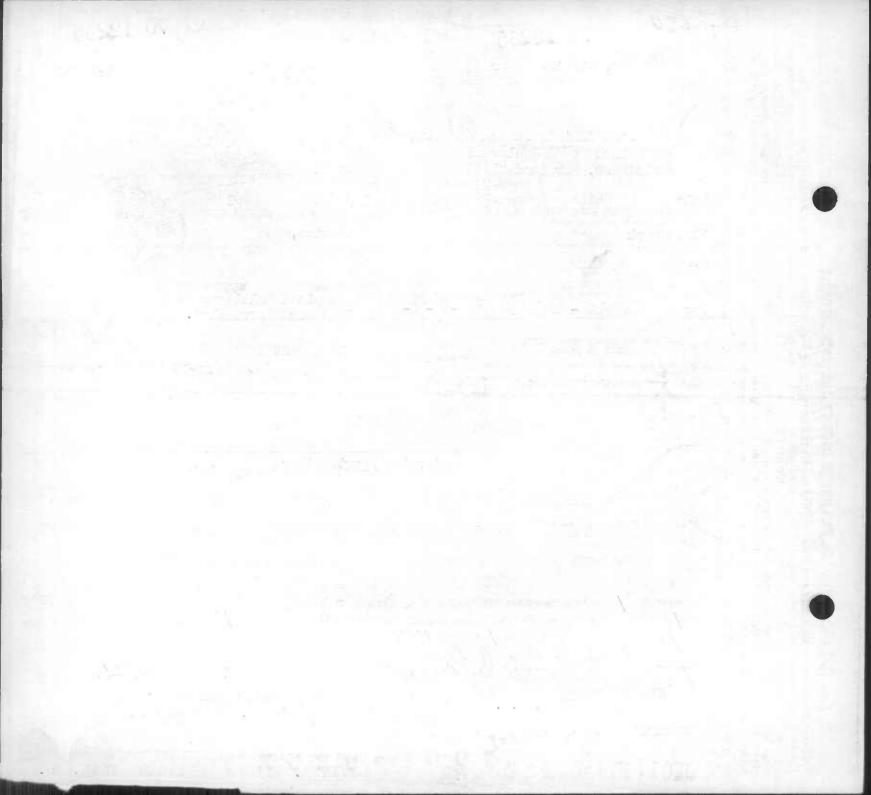
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Deceased

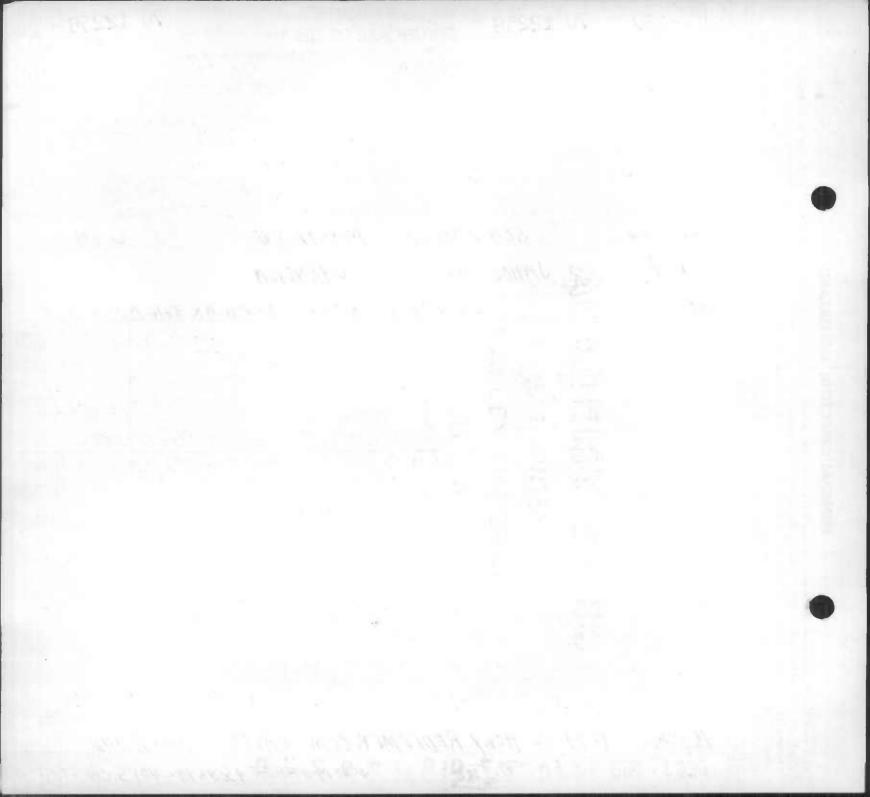
cause; attend 10

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 70 12255 70 12255 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) FREENY, William Howard /10 /70 3:15 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland Wicomico C. CITY OR TOWN D. INSIDE CITY LIMITS? Veterans Administration Hospital NOF Quantico YES X E. STREET AND NUMBER 3900 Loch Raven Boulevard Baltimore, Maryland 21218 de Box 31 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) 8. DATE OF BIRTH is ma If Under 1 Yr. Months! Doys Il Under 24 Hrs. Male White WIDOWED 12/6/08 DIVORCED 62 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) USA Quantico, Md Glass work 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Budd William J Freeny 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS final SECURITY NO. VA Hospital Baltimore Md 10/8/42 - 10/1/45 214-10-90-90 3900 Loch Raven Blvd. 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LUNG CANCER LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving the obove cause (A) stoling the UNDERLYING CONDITION last. 11 Conjestive heart failure Chronic obstructive pulmonary disease ERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF Ü 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR? (It in Boltimore City, give exect location) MEDICAL DEATH (notity medical exomined) OF INJURY (Month) (Doy) (Year) (Hour 21 L INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) Work 22. I certify that (1) (this hospital) attended the deceased from October 28th December 10th 10 that (I) (we) lost sow the deceased olive an December 10th 19 70 ond that in (gly) (our) opinion death occurred on the date and hour and from the causes stated obove. (1) (We) (did) (Ajd/not) view the bady after death. 23A. SIGNATURE 238 DATE SIGNED Attending [Med. Stoff Director L 23C/PHYLICIAN'S NAME (Type) 23 D. ADDRESS 3900 Loch Raven Boulevard HERBERT T GURLEY, M.D. 248 DATE

Baltimore Maryland 21218
[240. LOCATION (City, town, or c 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY (City, town, or county) (Stote) BURIAL SPRINGHILL MEMORY GARDENS HEBRON. MARYLAND 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C FUNERAL DIRECTOR WILSON PRINCESS ANNE. MD. VS 150-REV. 1/1/68



1 2 2 2 2	BIRTH NO. 70 12256 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 70 12256	
deat deat n th	T. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH	
Dec Dec ath.	3. PLACE IN SALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD: 4. USUAL RESIDENCE (Where decedsed lived, If institution: residence before odmiss B. COUNTY:	sion!
use (5) dan de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MD C. CITY OR TOWN D. INSIDE CITY LIMITS?	-
ng caus	LUTHERAN HOSPITAL OR MA BALTO - MD 21218 YES NO	_
- 2 0 B	5. SEX 6. RACE 7. MARRIED TO STATE OF MARY	
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Und Und as i	13. FATHER'S NAME SUY, CAB CO. MARYLAND USA	
direct or colline to the colline to	CONSTR JANOUIAK UNKNOWN	
p e d	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
されるのに	NO 21801 3209 CONSTANCE JANOWIAK 3216 AVON AVE	,
fany nced enda d or	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH CEREBRO VASCULAR BETWEEN ONSET AND D	AL EATH
Als	(This does not mean the mode of dying en (A) IMMEDIATE CAUSE ACCIDENT	
pro pro lar	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
A free	ANTECEDENT CAUSES CEREBRAL THROMBOSIS OR EMBOLISM?	
(3) / (3) / (3) / (a) w (a) w (a) w	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (B) DUE TO, OR AS A CONSEQUENCE OF: (C) EMBOLISM ATRIAL FIBRILLATION.	**
burns; physician was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). EMPHYSEMA LOITH CHRONIC. CORL-PULMONALE AND CHF	
Body the the ysici	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 10 IN CONDITION 19B. CONDITION 19B. CONDITION 19B. CONSIDERED IN CERTIFYING CAUSES OF DEATH? 10 IN CONDITION 19B. CONDITION	mo
ital by e; (2) /here No ph	DEATH Inotily medical examined etc.)	
pt w (6)	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED While At Work At Work	
the any	22. I certify that (I) (this hospital) attended the deceased from 12/14/1970 to 12/14/1970	
of o	that (1) (we) last saw the deceased alive on 12/15/1970 and that In(my) (aur) apinion death occurred on the	iote
eased to ident of nospital death) must be	and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE	
al ho	R Glorge Chowas M. Attending Med. Stoff Director Phys.	
was r A. at prior	23C. PHYSICIANS NAME (Type) K GEORGE THOMAS M.D XNTHERAN HOSPITAL OR MD	_
75000	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State	,
the body shows: (1) was D.O. deceased written a	BURIAL 17-19-10 HOLY REPEEMER CEM. BALTO, MARYLAND	
the boshows was Decea	DEC 17 1970 P.C. C. S. 20 20 20 20 20 20 20 20 20 20 20 20 20	2 /
	VS 150-REV. 1/1/68	5



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

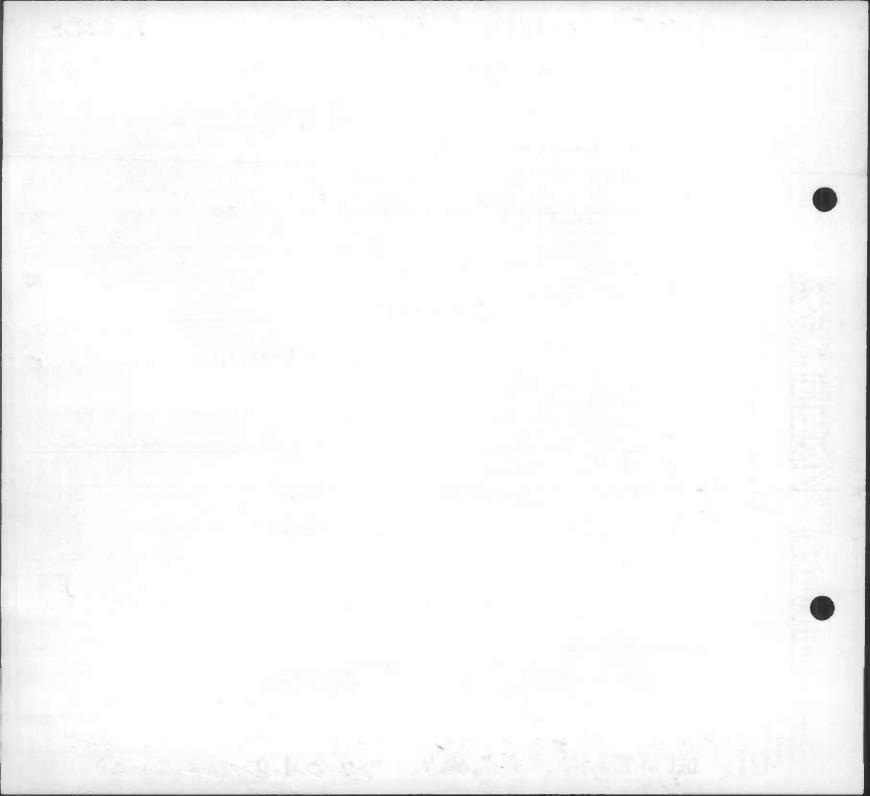
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FULL NAME HOSPITAL C	OF (IF NOT	IN HOSPITAL	OR INSTITUTION	, GIVE STREET	MD.	B 71	70,		5300
	UNION MEADELAC HOSPITA			SAITAG		IMOR		. INSIDE CITY	
1111	100 me	ASKLA	170	37777	E. STREET AN	ID NUMBER	2	YES	NOL
74					214		ooms Be	URY	AUE.
5. SEX	6. RACE	7.	MARRIED NE	VER MARRIED	8. DATE OF BI		9. AGE (In year	s Ulf Und	er 1 Yr. If Under 24 Hrs. Days Haurs Min.
1	M		IDOWED W	DIVORCED	6-19	- 93	last birthday)	Months	Days Haurs Min.
10A, USUAL	CCUPATION (GIV	e kind of wark 108	KIND OF BUSI	NESS OR INDUSTRY	11. BIRTHPLAC	E (State or fare	ign cauntry!	12. CIT	ZEN OF WHAT COUNTRY?
cone during mi	ist at waiking life, ev	en if refired)							
13. FATHER'S	e un FE				MAR	MAIDEN NA	0		USA
					14. MOTHER'S	MAIDEN NA	ME		
601.	- 4	0647			ANME	· WI	CEWA	LNER	
15. Wes Dece	esed Ever in U.S. nawn (If yes, give	Armed Forces	16.50		7. INFORMAN	IT			ADDRESS
ar	700, 8140	01 00103 01	31	ECURITY NO.	100		-		
18.	101			CAUSE OF DEATH	F180.	ICAL	PE C	NRO	
1 7	5455 00 0011	NEION							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	SEASE OR CONI		ILY	LORDA	-ARZ	ALTER	2 015	Ease	
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heart lai	ure, asthenia, etc	. Il means the	disease,	DUE TO, OR AS A	CONSEQUENC	CE OF:			
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UNDERL	YING CONDITIO	ouse (A) sto N last.	ling Jhe	(c)					
	- 11			(C)	***************************************				
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TO THE	EATH BUT NOT RE	LATED TO THE TI	RMINAL						
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Enic	ME	WAS PERFORM	MED	_	K		IN CERTIFYING	WERE FINDINGS	DEATH?
U 2TA. ACC	DENT WAS UND	ERLYING	21B. PLACI	OF INJURY (e.g., in			86.1	- lat - care	
I & IDEATH (RIBUTING CAU	SE OF	home, form	, factory, straet, alfi	ce bldg., INJUI	Y OCCUR?	ht na pc	nimare City, giv	e exact location)
0				_					
S OF INJU	Y	ay) (Year) (H		RY OCCURRED .		OM DID INT	JRY OCCUR?		
(APPROX)			While At [Not While		_			
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thot (1) ((e) lost sow th	e deceased of	lve on	12-18	10 7 0		7		th occurred on the date
			1 011			ond the	it in (My) (our) opinion dea	th occurred on the date
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23M. 310N	JOKE -		1.					23B, DAT	E SIGNED
K	ste	a. 1	Lest	M. DEGREE Phys.	ling D	Ned.	Stoff Phys.	12	-15-70
23C.PHYS	CIAN'S E (Type)		,	o c o ne e	D. ADDRESS				
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24A. BURIAL	CREMATION, 248			CEMETERY OF CREM	ATORY	240 10	EMORI,		037.
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BEC	1 7 1070	D A A C	NAME OF REGI	JA 30	25C. FUNER	AL DIRECTOR)		ADDRESS
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VS 150-REV. 1									

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

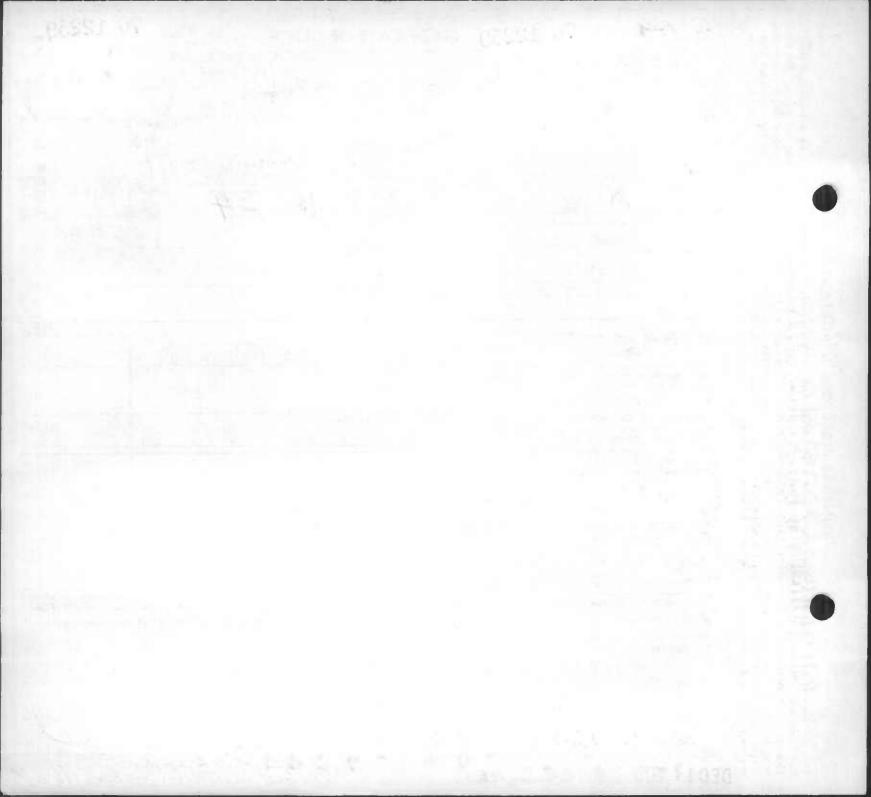
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<	\-\(\)		HEALTH DEPARTMENT	1	70 49950		
B	TH NO.	ERTIFICAT	TE OF DEATH	REG. NO.	70 12258		
	NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH			
1	pe or Print) ETHELE. STRAH	AN		114170	1 11 0		
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD		e deceased lived. If ins	ditution: residence before admission)		
F	ILL NAME OF OF HOT IN HOSPITAL OR INSTITUTION		Hary loud	Balto	- FAA		
H	OSPITAL OR ADDRESS OR LOCATION)		C, CITY OR TOWN	D. INSIE	DE CITY LIMITS?		
1	Muroy Memorial Ho	1/1/1/1/	Baltunor	(YES NO		
1	musy ramonal 110	Alecias !	E. STREET AND NUMBER	0 0			
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100	6. RACE 7. MARRIED NEV			ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.		
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do	is during most of working life, even it telited)	33 OK HADUSIKI	I. BIKIMPLACE (Stote of foreign	on country)	12. CITIZEN OF WHAT COUNTRY?		
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13	FATHER'S NAME	, 1	4. MOTHER'S MAIDEN HAN	IE /			
L	. Charles Thomas F,	SHER	Kosalle	Fort			
15. (Ye	Wos Deceased Ever in U. S. Armed Forces? s,no or unknown) If yes, give wor or dotes of service) SEC	URITY NO.	7. INFORMANT		ADDRESS		
		097645	Clear				
		AUSE OF DEATH			APPROXIMATE INTERVAL		
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH		
	LEADING TO DEATH	ANMMEDIATE CAUSE	Cardina	anest			
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		CONSEQUENCE OF:	ANNAN.			
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	DISEASES OR CONDITIONS, il any, giving	DUE TO, OR AS A	CONSEQUENCE OF:	*****************	***************************************		
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	-1					
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NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
ERTIFIC	19A-DATE OF OPERATION 19R CONDITION FOR WHICH O	PERATION	20 A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIL	NDINGS CONSIDERED		
ERT			No	IN CERTIFYING CAU	SES OF DEATH?		
U	21A. ACCIDENT WAS UNDERLYING 21B. PLACE CONTRIBUTING CAUSE OF home, form,	of INJURY (e.g., in o	or obout 21 C. WHERE DID	(II In Baltimore	City, give exact focotion)		
CAL	DEATH (notify medical examiner) etc.)		o ango maoni o cook.				
EDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY	OCCURRED	21F. HOW DID INJU	RY OCCUR?			
Z	(APPROX.) While At Work	Not While					
	22. I certify that (1) (this hospital) attended the decea	At Work 1	1 / 2 2	-7	2 116		
		sed from	19		19 (0		
	hot (1) (we) lost saw the deceased olive on 19 7 ond that In (my) (our) opinion death occurred an the date						
	ond have ond from the causes stoted above. (1) (We) (dld) (did not) view the body after death.						
	y Jours	Attendi	ing Med. S		38 DATE SIGNED		
	23C. PHYSICIAN'S	DEGREE Phys.	Director P	hys.	12/14/70		
	NAME (Type) COULD IS HOURY	231	D. ADDRESS	10	11.11/		
244	31100000	DEGREE	Musy M	ellional	Hospital		
244	BURIAL CREMATION, 248. DATE / 24C. NAME of C	EMETERY OF CREM	ATORY 24D. LO	CATION (City,	town, or county) (Stote)		
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254	DATE REC'D BY HEALTH DEST. 258. NAME OF REGIST	RAR	25C TUNERAL DIRECTOR	1-10:0	AQDRESS		
	DECT BUT CORET E LANGER WA	40 0 2	8 Drang	nal-to	21228		



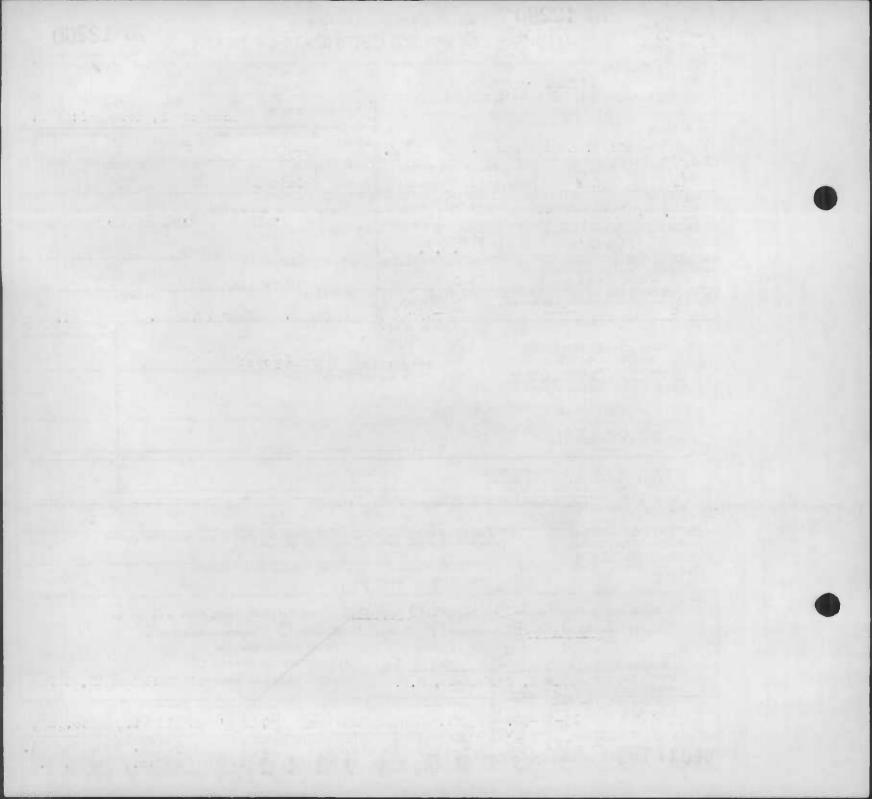
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11.	BIRTH NO.	EDB CERTIFICA	ATE OF DEATH					
	Type or Panil D. A	ISF	2. DATE A	D HOUR OF DEATH				
1	3. PLACE IN BALTIMORE, MARYLAND, WHERE PI		4. USUAL RESIDENCE (Who	6/70 ere deceased lived IC ins	titution: residence before admission			
- 11	FULL NAME OF (IF NOT IN HOSPITAL OR I HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	BALTIMORE.	-MARYLA	ND 1601			
1	LINIVERSITY OF MARYL	AND HOSPITAL	BAITIMORE	D. INSIE	YES X NO			
	20		E. STREET AND NUMBER	- 1	/ ROL			
	2.0		1203 MOSI	1ER Phe	et			
		RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdgy)	Il Under 1 Yr. Il Under 24 Hrs.			
	OA. USUAL OCCUPATION (Give find of work 10B, KIN		1/25/16	8-1-L				
1	lone during most of working life, even if retired) NOTKERW & BAEKEN	Sackers	GEORGI	ign country)	12. CITIZEN OF WHAT COUNTRY			
Ī	3. FATHER'S NAME	4	14. MOTHER'S MAIDEN NA					
	EDWARD SMITH		MAGGIEM	AER				
100	5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give war ar dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
11.	UNRMONN	SECORITI NO.						
	18.	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL			
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	This does not man the mode of dving	This does not meen the mode of dying an (A) IMMEDIATE CAUSE Motor take Careinoma						
	heart failure, astheria, etc. It means the dis- injury or complication which caused death.	heart failure, astheria, etc. It means the disease,						
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	DISEASES OR CONDITIONS, il ony, giving (B) COY CIN O F WC COY CONDITIONS, il ony, giving							
	UNDERLYING CONDITION last, (C) I have farthouse the UNDERLYING CONDITION last,							
1114	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMINATE OF TH	NAL	. 44 A 44					
	19A. DATE OF OPERATION 19B. CONDITION I	OR WHICH OPERATION	20A- AUTOPSY? (Yes or No	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?			
- 11	OR CONTRIBUTING CAUSE OF	21B PLACE OF INJURY (e.g., I home, farm, factory, street, o etc.)	n or about 21 C. WHERE DID ffice bidg., INJURY OCCUR?	(If In Boltimore	City, give exect facation)			
11.6	21D.TIME (Month) (Day) (Year) (Hour)	21 & INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?				
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	that (1) (we) lost saw the deceased olive	2 3 / 2 /	/ /7 A		an death occurred on the date			
	and hour and from the couses stated above	e. (1) (We) (did) (did not) v						
	23A. SIGNATURE	111		1	23B, DATE SIGNED			
	23C. PHYSICIAN'S	DEGREE Phy		Stoff Phys.	12/16/20			
	NAME (Type)	0	LIMILERSITY OF 1	YARYLAND !	TOTIFIED			
2	IA. BURIAL CREMATION, 24B. DATE 24	ME Q GEGREE	BALTIMOS	RE-MARY	164ND-21201			
	REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City.	town, or county) (Stote)			

250 FUNERAL DIRECTOR

ADDRESS

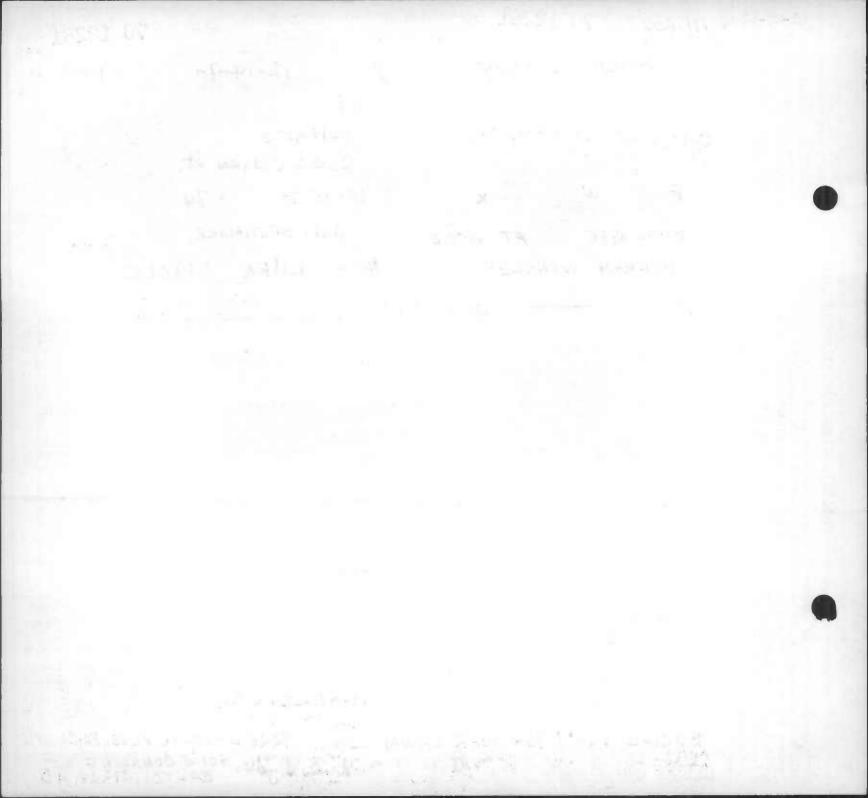


BIRTH NO. NAME OF DECEASED (Type or Print) NAME OF BUSINESS OR INDUSTRY NAME OF BUSINESS OR INDUSTRY NAME OF BUSINESS OR INDUSTRY NAME NAME OF DECEASED EVER IN U.S. ARMED FORCES?
NAME OF DECEASED (Lype or Print) HARRY FAUBER 1. Name of December 1. Name of Death 1. Name of Address or Location 1. Name of December 1. Name
HARRY FAUBER 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION 6. SEX 7. RACE Male White WIDOWED DIVORCED 9. DATE OF BIRTH Feb. 6, 1915 10. AGE (In yeors Institution) 11. BIRTHPLACE (Stole or foreign country) Virginia 14. Usual Occupation (Give kind of work) 14. Usual Residence Decaded Investigation of work) 15. Usual Residence (where deceased lived. H Institution: residence before admission) 8. County Maryland C. City or town Baltimore 9. Date of Birth Feb. 6, 1915 10. AGE (In yeors Min. Days Hours Min. Store) 11. Birthplace (Stole or foreign country) Virginia 14. Usual Occupation (Give kind of work) 14. Was Deceased Ever in U.S. Armed Forces? 17. Social (Yes, no or unknown) (If yes, give wor or doles of service) 18. Informant 18. Informant Abdress Abdress Abdress Abdress Abdress Abdress Abdress Abdress Abdress
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION 626 S. Lehigh Street 6. SEX 7. RACE 8. MARRIED NEVER MARRIED PONOUNCED DEAD Month B. COUNTY Male White WIDOWED P. DATE OF BIRTH Feb. 6, 1915 10. AGE (In yeors Months; Days; Hours; Min. 10. BIRTHPLACE (Stote or foreign country) Virginia 14. USUAL RESIDENCE (Where deceased lived. If Institution: residence belare admission) B. COUNTY Baltimore YES NO 12. CITIZEN OF WHAT COUNTRY? WHAT COUNTRY? 14. USUAL RESIDENCE (Where deceased lived. If Institution: residence belare admission) B. COUNTY Baltimore YES NO 15. MOTHER'S NAME 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no or worknown) (Vi yes, give wor or doles of service) 18. INFORMANT ADDRESS
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE SIREET ADDRESS OR LOCATION) 626 S. Lehigh Street 21224. 6. SEX 7. RACE 8. MARRIED NEVER MARRIED N
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS? Male White WIDOWED DIVORCED Baltimore YES NO 9. DATE OF BIRTH 10. AGE (In yeors last birthdoy) 55 Months; Days Hours Min. Feb. 6, 1915 55 Institution: residence belore admission) A. STATE Maryland B. COUNTY D. INSIDE CITY LIMITS? WIDOWED DIVORCED Baltimore YES NO 9. DATE OF BIRTH 10. AGE (In yeors last birthdoy) 55 Months; Days Hours Min. 10. AGE (In yeors last birthdoy) Months; Days Hours Min. 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? VIRginia VIRginia VIRGinia VIRGinia VIRGinia VIRginia 14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME Estelle Patentine Patentine
Male White Widow Divorced Baltimore Ves No Days Hours Min. 10. AGE (in yeors last birthdoy) 11. BIRTHPLACE (Stole or foreign country) Virginia 14. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even freilred) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or vokanown) (II yes, give wor or doles of service) 18. INFORMANT 18. INFORMANT 18. INFORMANT ADDRESS
Male White WIDOWED DIVORCED Baltimore 9. DATE OF BIRTH Feb. 6, 1915 Dose In the property of t
9. DATE OF BIRTH Feb. 6, 1915 10. AGE (In yeors last birthdoy) 55 11. BIRTHPLACE (Stote or foreign country) Virginia 12. CITIZEN OF WHAT COUNTRY? 14. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY) 14. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S MAIDEN NAME Unemployed Clerk 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, neorunknown) (Il yes, give wor or doles of service) 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS
Feb. 6, 1915 Set birthdoy) 11. BIRTHPLACE (Stote or foreign country) Virginia Set birthdoy) 12. CITIZEN OF WHAT COUNTRY? Under Country Set birthdoy Set birthdo
II. BIRTHPLACE (Stole or foreign country) Virginia WHAT COUNTRY? I4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY) I5. MOTHER'S NAME Unemployed Clerk Estelle (Nes, neor unknown) (II yes, give wor or doles of service) II. BIRTHPLACE (Stole or foreign country) WHAT COUNTRY? Dawson Fauber II. BIRTHPLACE (Stole or foreign country) WHAT COUNTRY? Dawson Fauber II. MOTHER'S NAME Estelle ADDRESS III. SOCIAL SECURITY NO. III. INFORMANT ADDRESS
Virginia WHAI COUNTRY? Dawson Fauber 144.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME doneduring mest of working life, even firelized) Unemployed Clerk Estelle ? 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, neographicown) (il yes, give wor or doles of service) Ves, neographicown) (il yes, give wor or doles of service)
Ida-USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) Unemployed Clerk Estelle ADDRESS (Yes, neographnown) (Il yes, give wor or doles of service) Contact the contact of the c
Unemployed Clerk Estelle ? 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, negor unknown) (Il yes, give wor or doles of service) SECURITY NO. 18. INFORMANT ADDRESS
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ne or unknown) (II yes, give wor or doles of service) 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS
(Yes, no or unknown) (Il yes, give wor or dotes of service) SECURITY NO.
100 19-1122 WOOdrow B Poulon - 79E C C
No 228-09-4422 Woodrow F. Fauber: 725 S. Grundy St. 22
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No.)
ZEA. EXTERNAL CAUSE WAS 1228 BLACE OF INJURY (2.2. In the 1220 WILEDE DID (1) A 12
UNDERLYING OR CONTRIB- home, form, factory, street, office bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E,INJURY OCCURRED OF INJURY (APPROX.) WHILE AT WORK NOT WHILE AT WORK
23.
I cartify that I held an Inquiry Inspection Autopsy X and that on this basis, death in my opinion
resulted from: Natural causes Accident Suicide Homicide Undetermined manner
ACTUAL SIGNATURE CLICALS ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER December 13, 1970
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 12-16-70. Mt. Carmel Cemetery 5712 0' Dohnell St., Balto., 24,
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 901 ADDRESS ONKLING ST
DECI B/U Valent E, Partier II O o Scharles Ingerler Balto., 21224, Md.



41-20-51

d	s M 635 70 12261 B	ALTIMORE CITY HEA	ALTH DEPARTMENT		98.0		
	витн но.	ERTIFICATE	OF DEATH	REG. NO.	70 12261		
	Typo or Printle MARTIN ELLA MAY			NO HOUR OF DEATH	10.10		
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONDUNCED I	DEAD 4. U	JSUAL RESIDENCE IWhe	re deceosed lived. If ins	titution: residence before admission)		
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GHOSPITAL OR INSTITUTION, GADDRESS OR LOCATION)	IVE STREET	A COUNTY OR TOWN	111	2607		
	haltimore Cuty Hospitals		BAHIMORE	D. INSI	YES XX NO		
5	/4940 Eastern Avenue	E. S	220 S- Old	16 - 1	21224		
4	Baltimore, Maryland 212211 5. SEX 6. RACE 7. MARRIED NEVE	R MARRIED 8. DA	ATE OF BIRTH	9. AGF (In voore	· ·		
	emale White WIDOWED	DIVORCED	0-18-96	lost birthdoy 74	il Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.		
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINES done during most of warking life, even if retired)	S OR INDUSTRY 11. BI	BIRTHPLACE (Stote or lore	ign country)	12. CITIZEN OF WHAT COUNTRY?		
	HOUSE WIFE AT HOP	1E	Md., BAL		U.S.A.		
	HERMAN WINKLER		MOTHER'S MAIDEN NA				
			REALEY EILE	N SPRO			
		JRITY NO.	NFORMANT	1940 Eastern	Avenue		
	18. CA	USE OF DEATH	CH: REcords F	Baltimore, Ma	aryland 2122)		
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH		
	I lift's does not meen the made of dving, e.g.	DUE TO, OR AS A CON	Tobible Rul.	monary en	abolys inned		
	heart failure, asthenia, alc. It means the disease, injury ar complication which caused death.)	DUE TO, OR AS A CON	SEGOENCE OF	0			
	ANTECEDENT CAUSES	ATRIAL	F. brillatie	M	7 dave		
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the	DUE TO, OR AS A COL	NSEQUENCE OF:				
	UNDERLYING CONDITION last (C) Claudica	41104				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				***************************************		
	132 DATE OF OPERATION 119R CONDITION FOR WHICH OF WAS PERFORMED A CTERIAL I	- 1	NO	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?		
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE O	FINJURY (e.g., in or obsectory, street, affice bld	bout 21C, WHERE DID	(If In Baltimore	City, give exect location)		
	DEATH (notify modical examined otc.)	sciory, silver, difficulties	og INJORI OCCOR				
	21D.TIME (Month) (Doy) IYeon (Hour) 21E, INJURY (APPROX I	Not While	21 F. HOW DID INJU	JRY OCCUR?			
	(APPROX.)	At Work					
	22. I certify that (I) (this haspital) attended the decear that (I) (we) lost saw the deceased alive on	12-14-70	•	9to1	-14-40 19		
	and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death.						
	23A, SIGNATURE	4 1		ļ°.	23B, DATE SIGNED		
	22C BHYSICIANS	DEGREE Phys.		Shaff K	12-14-70		
	PRANCISCO JOSE NEGO	23D. AL		e City Hospi			
		DEGREE CREMATO	940 FASTERI	11 Darrer	more, Maryland 2122		
	BURIAL RO-17-70 AAK			5 EASTERL			
	2SA. DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTR		C. FUNERAL DIRECTOR	P. 901 5. C			
	DEC 1 7 1970 Robert El Jacker (2)	26	charles is, fo	L. L. Art TF	0. 21224 MD.		

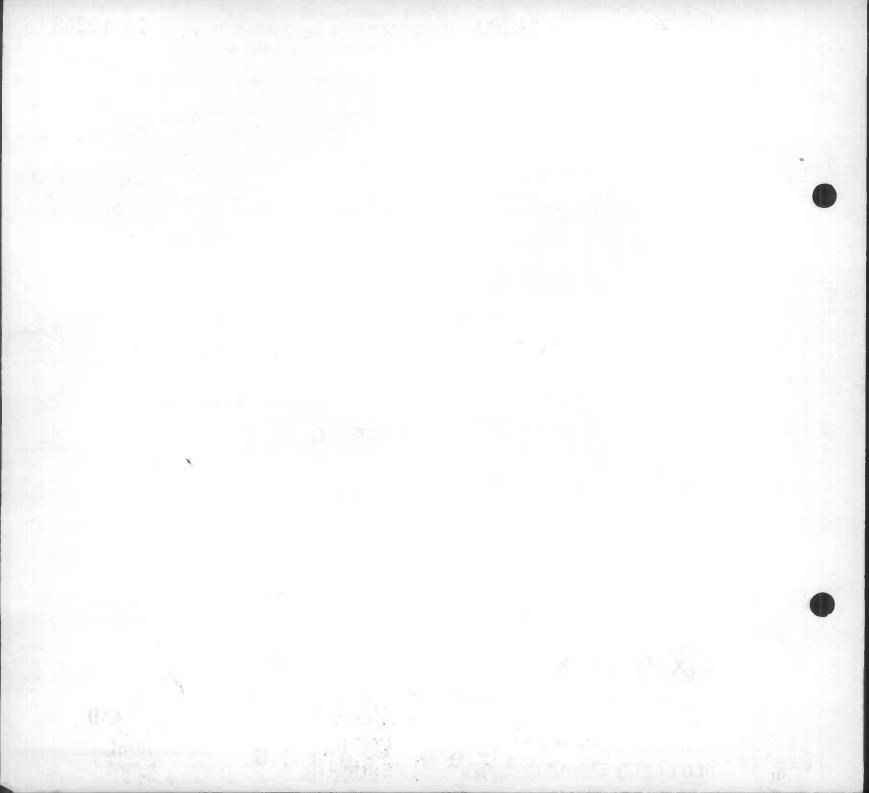


3/5/71 - Letter from Medical Examiner.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	W-420 12	300	THEALTH DEPARTMENT REG. NO.	70 12263				
	NAME OF DECEASED		2. DATE AND HOUR OF DEA	ХТН				
	BABY BOY (NALNACE	12-10-70	19:35 A M.				
	B. PLACE IN BALTIMORE, MARYLAND, WHERE PI		4. USUAL RESIDENCE (Where deceosed lived. A. STATE B. COUNTY	Il institution résidence beloro admission)				
	FULL NAME OF (IF NOT IN HOSPITAL OR I HOSPITAL OR ADDRESS OR LOCATION)		C. CUYOR TOWN	INSIDE CITY LIMITS?				
	3 KNIIVERSITY H	OSPITAL	E/STREEL AND NOMBER	Prestan He				
	WIDO		8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 12-7-70 3. A ac	Months Doys Hours Mine				
d	DA, USUAL OCCUPATION (Give kind of work 10B, KIN one during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) B. I. Tunner & M.D.	12. CITIZEN OF WHAT COUNTRY?				
13	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	00000				
	SHER MALL WALLAC	2	CAMILIA WALLA	2 2				
11	o. Wos Deceosed Ever in U. S. Armed Forces? es,no or unknawn! Uf yes, give war ar doles of sen	16. SOCIAL	17. INFORMANT	ADDRESS				
	18.	CAUSE OF DEAT	H	APPROXIMATE INTERVAL				
	DISEASE OR CONDITION DIRECTLY		7	BETWEEN ONSET AND DEATH				
	(This does not meen the made of dying	(This does not mean the mode of dving en						
	heart failure, asthenia, etc. It means the distinjury or camplication which caused death.)	ease,						
	ANTECEDENT CAUSES (B) Introventuellar Heurenberge							
	DISEASES OR CONDITIONS, if any, gi		A CONSEQUENCE OF:					
	UNDERLYING CONDITION lost. (c) Prematurity							
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMINED TO THE TERMINED THE THE TERMINED THE	NG NAL	U .					
COTICIO	194. DATE OF OPERATION 198. CONDITION I	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B, IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?				
TAI CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, af etc.)	grabout 21 C. WHERE DID (If to Ratio	mare City, give exoct lacation)				
AAEDI	OF IN HIER	21E. INJURY OCCURRED While At Nat While Wark						
	22. I certify that (I) (this haspital) attended the deceased from 12-7-70 19 to 12-10 19 10							
	that (1) (we) last saw the deceased alive			aplnian death accurred an the date				
	and haur and from the causes stated above	e. (1) (We) (d1d) (d1d nat) v	ew the body after death.					
	X DEscalons	Atter	nding Med. DA Shaff	23 B, DATE SIGNED				
	23C. PHYSI CIAN'S NAME (Type)	OEGREE Phys	Med. Staff Phys. 3D. ADDRESS					
	LEOMINIA D. ESCA	LANTE M.D.	IN MAIUERSITY NOS	PITAL				
24		C. NAME of CEMETERY OF CO	NATOMY BOARDNOF A	Cit. Swit. 5: A.M. (Stote)				
25	A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OE REGISTRAR	NIVERSITY MEDICAL	SCHOOL DORESS				
	DEC 17 1970 P.B. 6 8 30.6		MORTUARY SERVICE	BCMD.				

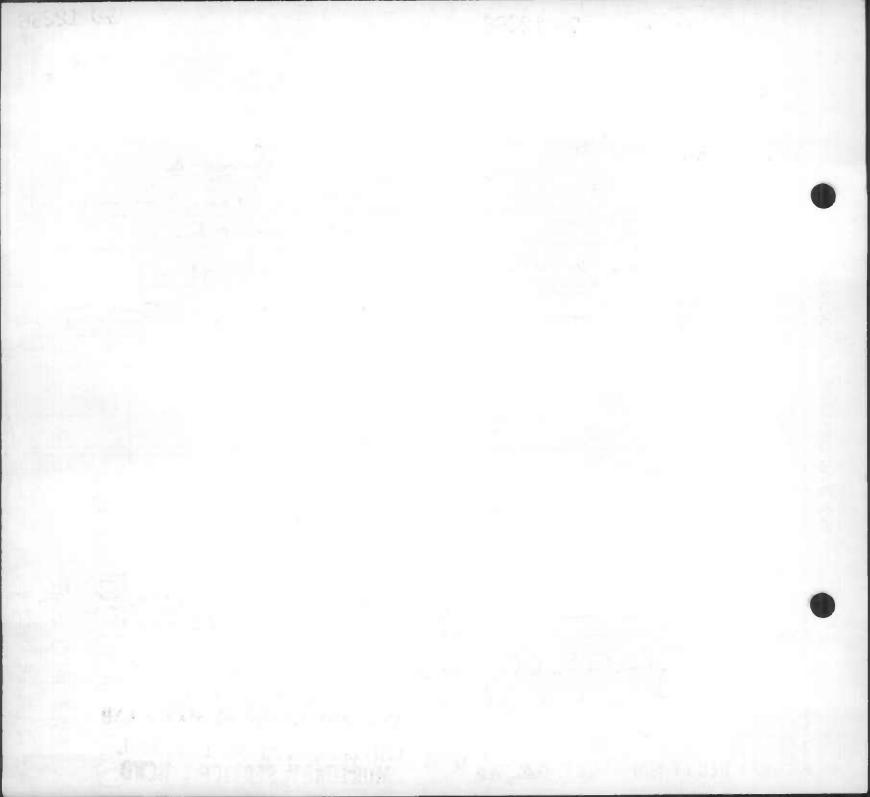


0 12264	BALTIMORE CIT	Y HEALTH DEPARTMENT	חבי	12264 ~
8-600 10 18832	CERTIFICA	TE OF DEATH	REG. NO.	Treat
T. NAME OF DECEASED RRY CH	ARLENE	Nov. 2	HOUR OF DEATH	1120
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCEO DEAD	4. USUAL RESIDENCE (Where de	eceased lived. Il institution:	residence befare admission)
HOSPITAL OR ADDRESS OR LOCATION	STITUTION, GIVE STREET	Maryland C. CITY OR TOWN	D. INSIDE CITY I	1602
UnivERSITY HOSPITAL		BALTIMORE E. STREET AND NUMBER	YES X	
5. SEX 6. RACE 7. 84 A D.D.			une Street.	
Female Colored WIDOW 10A. USUAL OCCUPATION (Give kind of work 10B, KIND	ED DIVORCED	10/15/70 001	1m.	or 1 Yr. If Under 24 Hrs. Oays Haurs Min.
dane during mast of warking life, even if retired)		univ. of Nd. Hosp.	Md. USA	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	2	
15. Was Occased Ever in U. S. Armed Farces?	1 6. SOCIAL	MAYING ()	ANNON	
(Yes, no ar unknown) (If yes, give war or dates of service	SECURITY NO.	INFORMANT		ADDRESS
18.	CAUSE OF DEAT	1		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		Λ 0	0 - 0	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e	(A) IMMEDIATE CAL		I tailure	5 days
heart foilure, asthenia, etc. It means the disea	se, DUE TO, OR AS	A CONSEQUENCE OF:	**************************************	
injury or complication which coused death.) ANTECEDENT CAUSES	ľ.	1200 - 1000	- (1	
DISEASES OR CONDITIONS, if any, givi	DUE TO, OR AS	Diac Standst	(V)	***********************
nse la tha abave cause (A) stating	he he	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)	10012		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	@ Dehydr	ation		
194 DATE OF OPERATION 198, CONDITION FO	R WHICH OPERATION	20A-AUTOPSY? (Yes or No.) 201	8. IF YES, WERE FINDINGS CERTIFYING CAUSES OF	CONSIDERED DEATH?
OR CONTRIBUTING CAUSE OF CEATH (notify medical examines)	18. PLACE OF INJURY (e.g., income, form, foctory, street, of otc.)	or about 21 C. WHERE OID	(If In Baltimore City, giv	e exact facation)
(APPROX)	While At Nork At Work	21F. HOW DID INJURY	occum	
22. I certify that (I) (this hospital) attended		19	to	19
that (1) (we) lost sow the deceased alive a	1	19ond that in	(my) (our) apinion deor	th occurred on the date
and hour and from the causes stated above.	(1) (We) (did) (did nat) v	iew the bady after death.		
23A. SIGNATURE	44.			E SIGNED
The morning	WIL DE DEGREE Phys		B No.	129 70
23C. PHYSICIAN'S NAME (Type)		3D. A OOR ESS		
24A BURIAL CREATION TO A STATE OF THE STATE	MA P. DEGREE	Dept. of Redictaics, L	Lniv. of Md. Ho	Spital
24A. BURIAL CREMATION, 248. DATE 24C.	NAME of CEMETERY OF CRE	ATPAIUMY BURN	U UF WATARY	dy in 15 latel
25A, OATE REC'O BY HEALTH DEPT. 25B. NAM	OF REGISTRAR	UNIVERSITY ME	DICH COM	201
DEC 17 1970 Pober E Jaile		APTITION CENT	PICUL DUH	DRESS
VS 150-REV. 1/1/6B		TOUT OF THE	VICE RCH	

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the wind deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	11)	BALTIMORE CITY	HEALTH DEPARTMENT		. (
	BIRTH NO. 20-218470 12265		TE OF DEATH	REG. NO	70 12265				
	1. NAME OF DECEASED (Type or Print)		2. DATE A	ND HOUR OF DEATH	2				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOP	NCED DEAD	THE HISHAL RESIDENCE OW	70 10-	04 M.				
			IN SINIE B. COU	NII	stitution; residence before admission)				
	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION!		C. CITY OR TOWN		DE CITY LIMITS?				
	Unweistly of Marylan	nd HOSPITAL	BALTIMO		YES NO T				
1	REDWOOD + GREEN	STREET	E. STREET AND NUMBER						
	BALTIMORE 140.	21201	1321 N	STRICKEN	RSTKEET				
	5. SEX 6. RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.				
	IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF		11. BIRTHPLACE (State or for	eign country	12. CITIZEN OF WHAT COUNTRY?				
	done during most of working life, even if retired)		BALTIMORE						
-	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA		U.SA				
	NATHENIEL WOOL	S			McKINNON.				
	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yos, give wor or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
1	NO	JEOURITI NO.	MotHER.		-Same.				
	18.	CAUSE OF DEATH			APPROXIMATE INTERVAL				
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH				
		LEADING TO DEATH							
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. 11 means the disease,	DUE TO, OR AS	CONSEQUENCE OF:	F-11-35-11-67-100	LINAC XXXIII				
	injury or camplicotion which caused deoth.)								
1	ANTECEDENT CAUSES	(8)	PREMIATURI A CONSEQUENCE OF:	7 \					
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the	DUE TO, OR AS	A CONSEQUENCE OF:	y					
11	UNDERLYING CONDITION last.	(c)							
	II II								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	UCH OPPRATION	1204	V					
	WAS PERFORMED	IICH OPEKATION	20A-AUTOPSY? (Yos or No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?				
	OR CONTRIBUTING CAUSE OF home, old.) DEATH (notify medical examine)	ACE OF INJURY (e.g., in farm, foctory, street, off	or obout 21C/WHERE DID	(If In Boltimore	City, give exact location)				
		JURY OCCURRED	21F. HOW DID INJ	URY OCCUR?					
	(APPROX.) While Work	At Not While At Work							
	22. I certify that (I) (this hospital) attended the		#73 5 92 la	10 17 . 1	12 4				
	that (I) (we) last saw the deceased alive an	2.7.10	10 -1.1	1A - 10 10 - 10 - 2	Jan 12 70				
	and haur and fram the causes stated abave. (1) (ond th	at in (my) (our) opini	an death accurred an the date				
	23A. SIGNATURE	ue) (aia) (aia-net) Al	ew the bady atter death.						
	Rub(g 1) 28/14	Atten	ding Med.		DEC 8 15 1975				
	23C.PHYSICIAN'S NAME (Typo)	DEGREE Phys.	Director L	Staff Phys.	TARTO . 11/2				
	NAME (Typo) RUPLA DESHA	/	UNIVEKSITY	OF MAR	YLAND HOSPITAL				
2	4A. BURIAL CREMATION, 24B. DATE 24C. NAM	E of CEMETERY OF CHE	AGUNOOD + G	PENE ST	YLDND HOSPITAL				
	REMOVAL (Specify)	AT	MIUMI BUA	ku'ur mai	(State)				
2	SA. DATE LECT BY HEALTH DEPT. 25B. NAME OF	REGISTRAL TA	HARREITY M	FRICAL CO	HOOL				
	FC 17 1970 22 05 70	0 001	144 THABAR DISECTOR	LUICAL SC	IIUU LADDRESS				
I F	\$ 150-REV. 1/1/68		MORIDARY	SERVICE	RCKID ———				

5-536 70 12266		HEALTH DEPARTMENT	REG. NO.	70 12266
BIRTH NO. 70 - 2/527	CERTIFICA	TE OF DEATH	4	4
Type of Prints mothers, Buby B	005	11/2	D HOUR OF DEATH	1418a
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		A. STATE B. COUN	re deceased lived. Il in	stitution: residence belorg edmission)
institution consists of montend		C. CITY OR TOWN	D. INSI	DE CITY LÍMITS?
3 Hosstel		E. STREET AND NUMBER	nford	YES A NO
WIDOWED	DIVORCED _	11/29/20	9. AGE (In years lost birthdoy)	Months; Doys Hours; Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSH done during most at working life, even if selfied)	INESS OR INDUSTRY	Bullmore	gn country)	12. CITIZEN OF WHAT COUNTRY?
Charles Smothers		14. MOTHER'S MAIDEN NAM	Cuffie	
Tes, no or unknown) (If yes, give wor or doles of service)	OCIAL SECURITY NO.	7. INFORMANT	, ,	ADDRESS
118.	CAUSE OF DEATH	nother		Some
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl failure, osthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) slating the UNDERLYING CONDITION last.	(A) IMMEDIATE CAUS DUE TO, OR AS A	in pregnet	he Hen	BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (IA). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED WAS PERFORMED	1 OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING TO 121R PLACE	E OF INJURY (e.g., in n, factory, street, affic	or obout 21 C. WHERE DID	(If In Baltimora	City, give exact lacotion)
the state of the s	RY OCCURRED Not While At Wark	21F. HOW DID INJU	IRY OCCUR?	,
22. I certify that (I)(this hospital) attended the dec	ceased from 11/	00	t fn (my) (Our) opini	on death occurred an the date
and hour and from the causes stated obove. (1) We)	(dld not) vle	w the body after deoth.		23B, DATE SIGNED
Bernysidan's	M. Deres Phys.		itaff hys.	11/30/20
NAME KTYPE) NAME SURIAL CREMATION, 124B. DATE 124C, NAME OF	M. Doegree	Joyma Ho	SOF MAD	VIAND
REMOVAL (Specify) A-15-70	CEMETERY OF	WEDSITY ME	DICAL CO	TOOL (Stote)
EC 17 1970 Rober E. Jaber KD. 5 150-REV. 1/1/68	USARO UN	ORTUARY ST	RVICE - I	ADDRESS ADDRESS



REMOVAL (Specify) Burial 25A. DATE REC'D BY HEALTH DEPT. VS 151-REV. 1/1/68

12/18/70

Sacred Heart

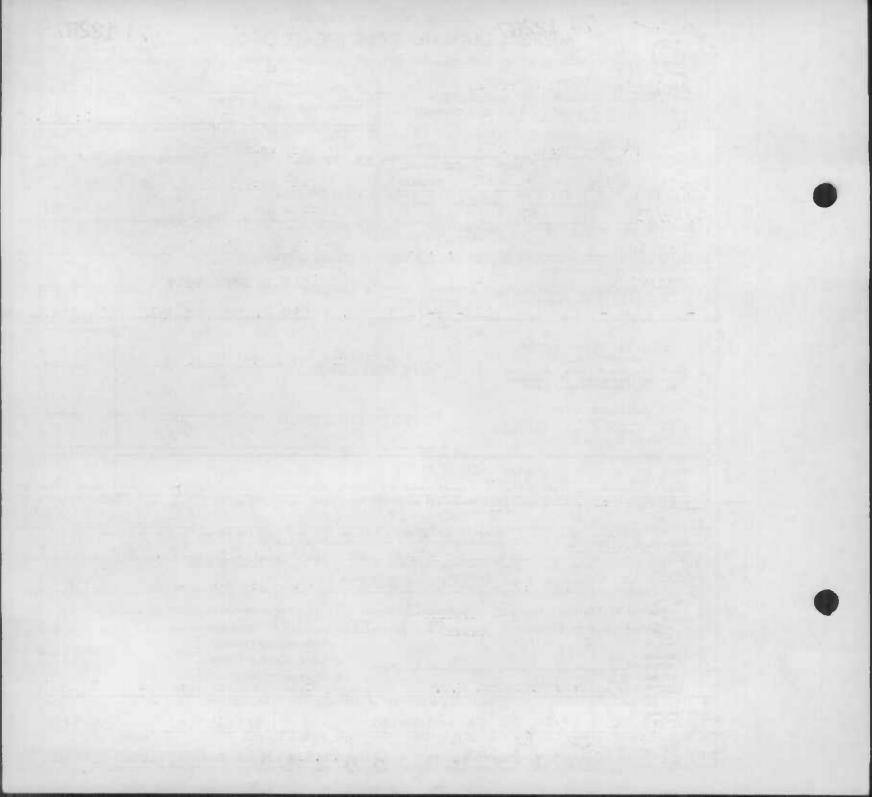
258. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

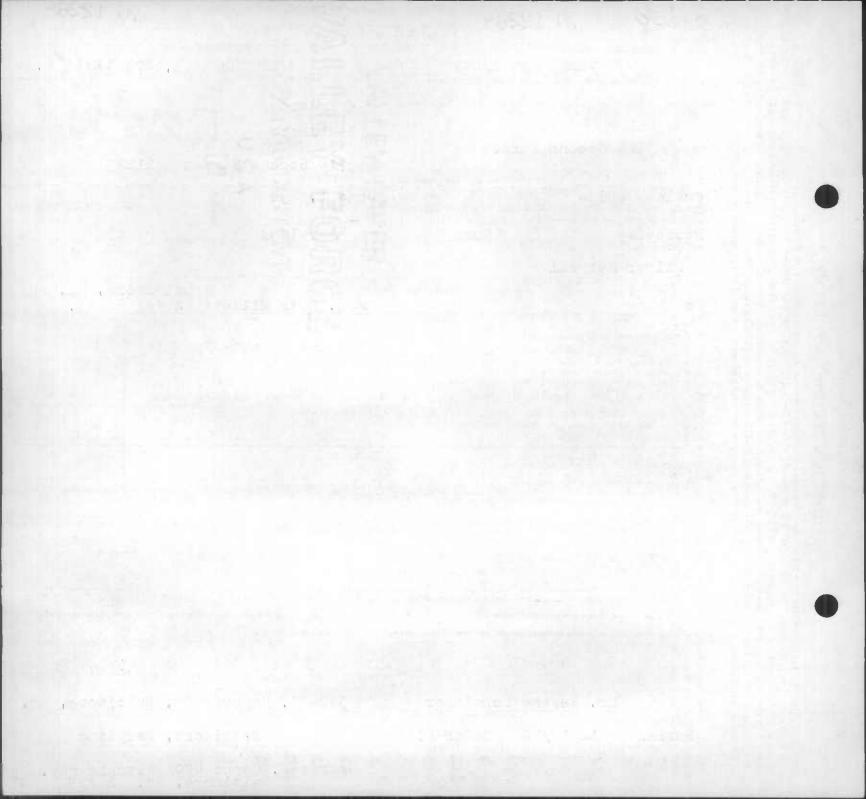
Maryland **ADDRESS**

M.F. SADOWSKI & SONS. 1808 EASTERN AV

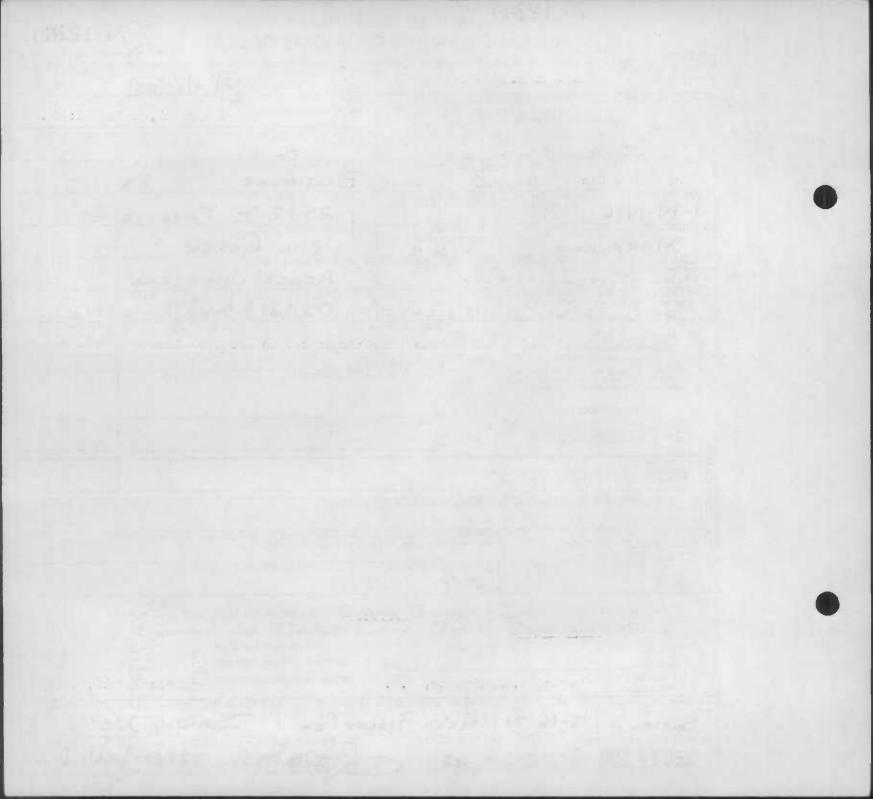
Baltimore,



0	1 100	10000	BALTIMORE CITY	HEALTH DEPARTMEN	IT	70 12268
D-60	70	12268	CERTIFICA	TE OF DEAT	H REG. NO	
BIRTH NO.			CERTITION			
1. NAME OF D		3// 15 70 70	N. 73. 9	-	E AND HOUR OF DEATH	
		MAY BRO				,1970 12:15 P. M.
	ALTIMORE, MARYLAND,			A. STATE B. C	COUNTY	institution: residence before edmission)
HOSPITAL OR	ADDRESS OR LO	CATION)	TION, GIVE STREET	Maryland c. City OR TOWN		SIDE CITY LIMITS?
00	3714 Second	Street		Baltimor		YES X NO
				3714 Sec	ond Street	21225
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	Months Doys Hours Min.
Female	White	WIDOWED	DIVORCED	June 1.1.89		
IOA. USUAL O	CUPATION (Give kind of wo		BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
	of working life, even if retired)				
House		Н	ome	Maryla		USA
13. FATHER'S N	IAME			14. MOTHER'S MAIDE	NAME	
01i	ver Norvell					
S. Wos Deceo:	sed Ever in U. S. Armed F wn) (If yes, give war or do	orces?	6. SOCIAL	17. INFORMANT	Pa	ltimore, Md.
	while yes, give war or ac	nes of servicer	SECURITY NO.	Mag Puth	Elliott 12	
No			CAUSE OF DEAT		ETITOCC IS	APPROXIMATE INTERVAL
1B. 4	0.7		CAUSE OF DEAT	п		BETWEEN ONSET AND DEATH
DISI	ASE OR CONDITION			A	, ocelanin.	
	LEADING TO DEAT		(A) IMMEDIATE CAL		1 deeren n	
	s not meon the mode re, osthenia, etc. It meon		DUE TO, OR AS	A CONSEQUENCE OF:	V	
	amplication which cause					
	ANTECEDENT CAUS	ES	0	punel whe	nodlose	
DICEACEC	OR CONDITIONS, if	any divina	(B)	A CONSPOUENCE OF:		
	The above cause (A					
	ING CONDITION last.		(c)			
	11					
O OTHER SIG	NIFICANT CONDITIONS C	ONTRIBUTING				
= IO THE DI	EATH BUT NOT RELATED TO	THE TERMINAL				000000000000000000000000000000000000000
	OF OPERATION 198 CO	ONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes	or No) 20B. IF YES, WER	E FINDINGS CONSIDERED
D 19A. DATE	WAS P	ERFORMED			IN CERTIFYING C	CAUSES OF DEATH?
U 21 A. ACCI	DENT WAS UNDERLYING	21B.	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE I	OID (If in Boltim	nore City, give exact location
OR CONTI	RIBUTING CAUSE OF	home etc.)	, lorm, foctory, street, o	office bldg., INJURY OCC	U R?	
U	etily medical examiner)					
OF INJURY	(Manth) (Doy) (Yea	ir) (Hour) 21E.	INJURY OCCURRED	21 F. HOW DI	D INJURY OCCUR?	State of the state
(APPROX.)		Whit	e At Not Whi			
				11	7 10/16	act 1970
22. I cert	ify that (1) (this-h ospl	rel) ottended th	e deceased fram	7-1	19 69 10	
that (1) (s	ve) last saw the decea	sed alive an		19 70	and that in (my) (o or) o	pinion deoth occurred on the date
and hour	and from the causes s	tated above. (1)	(Well-(did) (dtdmot)	view the bady after d	eath.	
23A. SIGN		(1)				23B, DATE SIGNED
	2. 58	west.	Lu (ending Med.	Stoff	. n 11 n.
	C0		DEGREE Ph	ending Med. pirector	Shaff Phys.	12-16-10
23C. PHYSI	CIAN'S E (Type)			23D. ADDRESS		
1175/11	Dr. Eug	ene Sch	nitzer DEGREE	3904 5	Hanover St	. Baltimore. Md.
24A. BURIAL C			ME of CEMETERY or CF		24D. LOCATION	(City, town, or county) (State)
REMOVA	L (Specify)				D-144	Ma 3
Buri	al 1.2/1.7		edar Hill			, Maryland
25A. DATE RE	C'D BY HEALTH DEPT.	25B. NAME O	F REGISTRAR	25C. FUNERAL DIR	ECTOR	ADDRESS
DEC 17	100 C.C. A.E	The Real Park	eau i	2 George J	. Gonce 400:	1 Ritchie Hev.



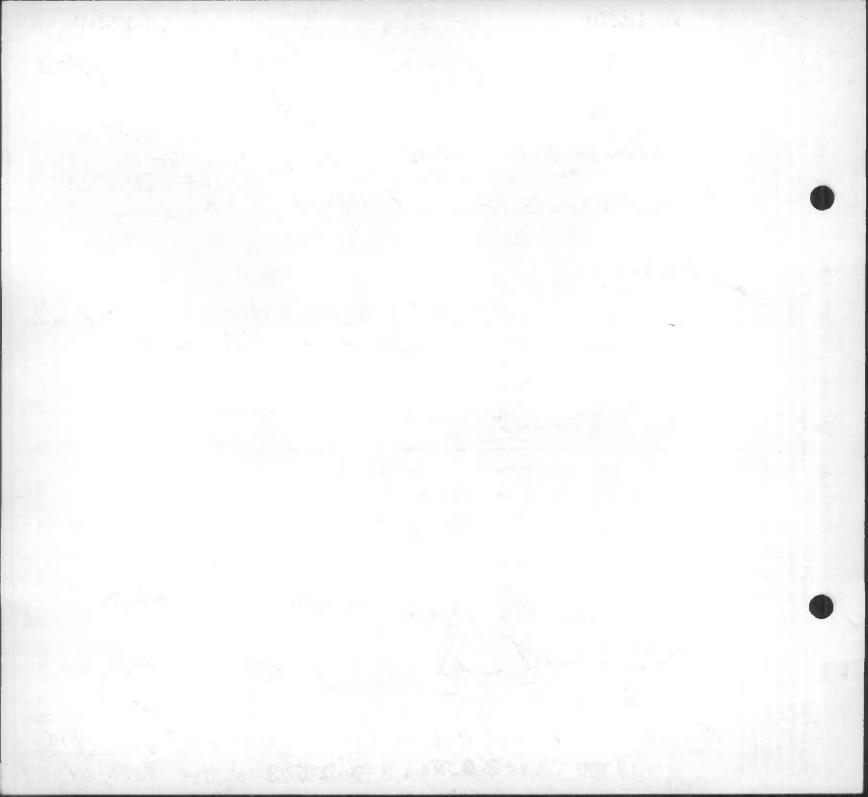
G-420 70 12269 BALTIMORE CITY HE	70 19976
MEDICAL EXAMINER'S C	LERTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED VINCENT P. GALEK	2. DATE Knawn Manth Day Year Hour OF DEATH Estimoted 12 12 70
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Manth Day Year Haur PRONOUNCED DEAD December 12, 1970 11:20 P
1622 Thames Street	5. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland 600
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED OF	E STREET AND NUMBER
1-19-1916 last birthday) Months Days Hours Min.	? 2532 F. FAYETTE ST.
11. BIRTHPLACE(State or loreign country) 12. CITIZEN OF WHAT COUNTRY? S. A.	13. FATHER'S NAME JOHN GALEK
14A.USUAL OCCUPATION (Give kind of wark 14B. KIND OF BUSINESS OR INDUSTRY done during most of warking life, even if retired)	15. MOTHER'S MAIDEN NAME AGNES JANECZKO
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grunknown) (If yes, give war ar dates of service) SECURITY NO. 21310 4715	18. INFORMANT ADDRESS WH.W. Clinabeth & Marleffea. 4601 Eastern
Injury or camplication which caused deoth.) ANTECEDENT CAUSES (8)	AUSE US A CONSEQUENCE OF: AS A CONSEQUENCE OF:
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
UNDERLYING OR CONTRIB- home, form, foctory, street, office UTING CAUSE OF DEATH.	in or about 22C. WHERE DID (If in Baltimore City, give exact location) bldg., etc.)
OF INJURY (APPROX.) (Day) (Year) (Hour) 22E.JNJURY OCCURRED. WHILE AT WORK AT WORK	22F. HOW DID INJURY OCCUR? WHILE
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles S. Springate, M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) ACCIdent Suicide M.D. Suicide M.D. 24C. NAME of CEMETERY of	ASSOCIATE MEDICAL EXAMINER DATE SIGNED ASSOCIATE MEDICAL EXAMINER December 13, 1970
VS 151-REV. 1/1/68	s promption 4324 betterson

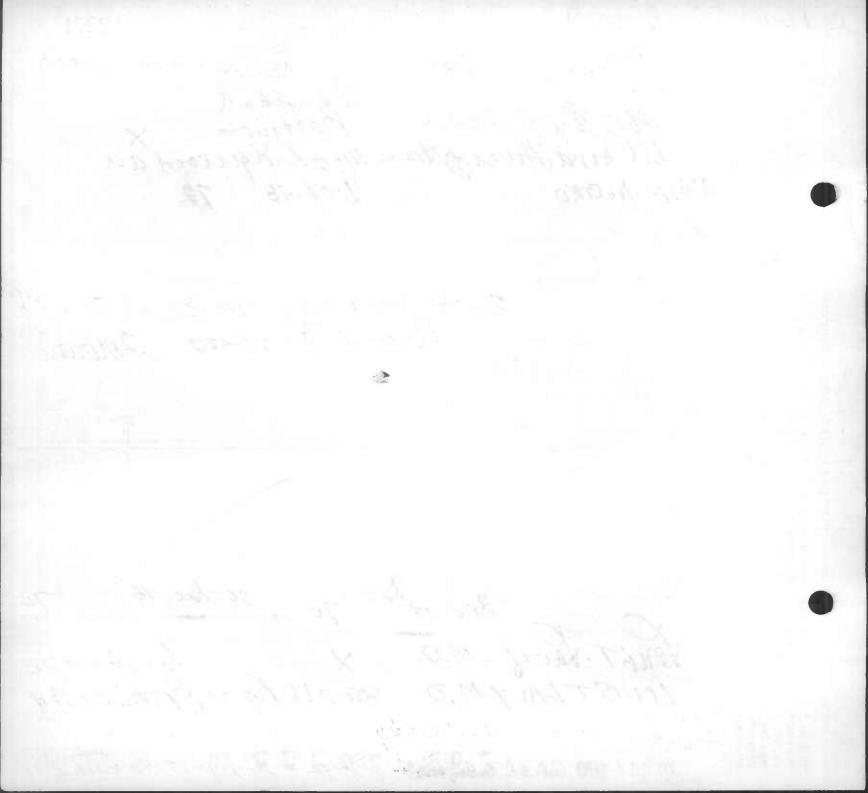


	A CONTRACTOR OF THE CONTRACTOR
12270	BALTIMORE CITY HEALTH DEPARTMENT
	CERTIFICATE OF DEATH

	MA	12270
REG. NO.	70	Treat

BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	10 TECTO	
I. NAME OF DECEASED	7 17	2. DATE AN	ND HOUR OF DEATH		
2 PLACE IN BALTIAGRE MARYLAND		12	16/70	735A	
3. PLACE IN BALTIMORE, MARYLAND, WHEN	TE PRONOUNCED DEAD	A. STATE 8. COUN	re deceased lived. If in	nstitution: residence before admission	
MODKEZZ OR FOUND	OR INSTITUTION, GIVE STREET	144		808	
INSTITUTION		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?	
GLANADA NU	10.00 11 -	E. STREET AND NUMBER		YES NO	
GILARADA IVU	KSING HOME	1029	(Tay S	-	
5. SEX 6. RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Ye, If Under 24 Hrs.	
Male Negro W	IDOWED DIVORCED	10/5/58	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
OA, USUAL OCCUPATION Give kind of work 108 fone during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lore	ign country)	12 CITIZEN OF WHAT COUNTRY	
1	unknown	Ten Know			
3. FATHER'S NAME	von review /	14. MOTHER'S MAIDEN NAME			
Un Known		Les Production			
5. Was Decoased Ever in U. S. Armed Forces? Yes, no or unknown) Of yes, give was or dates of	1 6. SOCIAL	17. INFORMANT	27	ADDRESS	
it yes, give wor or doles of		7 +	1 ,10	0 0	
18.	220-20-6736	16ger Irac	der-102		
DISEASE OR CONDITION DIRECT	CAUSE OF DEAT	10		BETWEEN ONSET AND DEATH	
LEADING TO DEATH	(1)	RCINUMA OF	PROSTAT		
(This does not mean the mode of dyi	ng, e.g., (A) IMMEDIATE CAL	A CONSEQUENCE OF:			
heart foilure, asthonio, etc. It means the injury or complication which coused dea				200	
ANTECEDENT CAUSES		1776		443	
DISEASES OR CONDITIONS, if any,	giving DUE TO, OR AS	A CONSEQUENCE OF:		**************************************	
tise to the obove cause (A) stot	ing ine				
11	(C)	************************		***************************************	
OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING				
= TO THE DEATH BUT NOT RELATED TO THE TE	RMINAL				
19A-DATE OF OPERATION 19B, CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208, IF YES, WERE F	FINDINGS CONSIDERED	
21A ACCIDENT WAS LINDERLYING			IN CERTIFIED CAL	DIES OF DEATH!	
21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21 B. PLACE OF INJURY (e.g., in home, (orm, (octory, street, of etc.)	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If In Boltimore	e City, give exect lecetion)	
OF INJURY (Month) (Doy) (Yeor) (Ho	oud 21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
(APPROX)	While At Not While At Work	• 🗖			
22. 1 certify that (1) (this hospital) att		12/3/2		= 10 12:	
that (I) (we) last saw the deceased al		10/30/20 1	9ta	19	
·		and the	t in (my) (aur) apin	alan death accurred an the date	
and hour and fram the causes stated a	poyes (1) (we) (did) (did not) V	lew the bady after death.			
Tell le		nding Med.	Shaff [7]	238 DATE SIGNED	
23 C. PHYSICIAN'S	The Phys		Phys.	12.110/10	
NAME (Ivne)	UNALINE	TO WOOK E22			
4A. BURIAL CREMATION, 248. DATE	DECREE				
BREMOVAL (Specify)	24C. NAME OF CEMETERY OF CRE	MATORY 24D. LO	1 1. 1	y, town, or county! (Stotel	
SA, DATE REC'D BY HEALTH DEPT. 125R	MIII. MUDYIN	(em. VV	estpont	Md.	
TOTAL	NAME OF REGISTRAR	25C: FUNERAL DIRECTOR	0 11	ADDRESS	
DEC 17 1970 Pales	BE. Jaber M.D.)	PUXPOESTON.	wax Ame	1129 Mr Carolines	





	BALTIMORE CITY	HEALTH DEPARTMENT	1947	
віятн No. 70 12272	CERTIFICA	TE OF DEATH	reg. No. 70 1227	5
T.NAME OF DECEASED		2. DATE AND HOU	OF DEATH	0 1
GUY WYCHE		19/16	10	A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	NCED DEAD	4. USUAL RESIDENCE (Where deceded	sed lived. It institution: residence to	pelore odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CITY LIMITS?	27
32 Johns Hopkins Hospital		Ballinger	YES N	10
13 18 HIS HOPKING HOPKING		E. STREET AND NUMBER	1 1-1	
			rcct	
WIDOWED	NEVER MARRIED DIVORCED	9/3/98 lost birt	hdoy Months Doys H	If Under 24 Hrs.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working file, even if retired) The DALER RICE	AN SMELLING	. /	12. CITIZEN OF W	HAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Jack mixale		ALICE G	RAVES	
15. Wos Deceosed Ever in U. S. Apmed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRES	S
(Yes, no or unknown) (If yes, give wor or dotes of service)	212-10-1135	EstellE Mych	e 1400 N. DA	LAS ST
1B.	CAUSE OF DEAT	н ′		MATE INTERVAL
DISEASE OR CONDITION DIRECTLY				t.
LEADING TO DEATH (This does not the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) IMMEDIATE CAUSE (VA) CONCERN (A) IMMEDIATE CAUSE (VA) CONSEQUENCE OF:			Mana S	1.1.7.5
ANTECEDENT CAUSES	ASCI	10	5.11	» (
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the		70		
rise to the above cause (A) staling the UNDERLYING CONDITION lost.	* 3	1 pubning ruena 6 pap	Thung munic of	511105
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		this militus		18415
19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	VHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IN C	IF YES, WERE FINDINGS CONSIDERTIFYING CAUSES OF DEATH?	ERED
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout of contribution of cause of form, foctory, street, office bldg., INJURY OCCUR?		(If in Baltimore City, give exoct loo	cotion)	
21D. TIME (Month) (Day) (Year) (Hour) 21E.	INJURY OCCURRED	21 F. HOW DID INJURY O	CUR?	
(APPROX.)	le At Not While			
22. I certify that (I) (the hospital) attended the			ta 1)///2	19.72
that (1) (we)-lest saw the deceased alive an			ny) (o ur) apinlan death accuri	
			iy/ (obijeapililali dedin decon	red an the date
and haur and from the causes stated abave. (1) (We) (did) (d id not) v	iew the bady after death.	DATE SIGNED	
Elow Houman	DEGREE Phy	onding Med. Shoff Phys.	238. DATE SIGNED 12/10/5	0
Clour Harman 23C. PHYSICIANS NAME (Type) Eloise Hurma	n Decree	John Hopkins	Misp. Ballinger 2	V265
	AME OF CEMETERY OF CRE	EMATORY 24D. LOCATIO	(City, town, or county)	(State)
REMOVAL (Specify) 19/19/70 mg	. Calrans	Com Q.a.	(City, town, or county)	

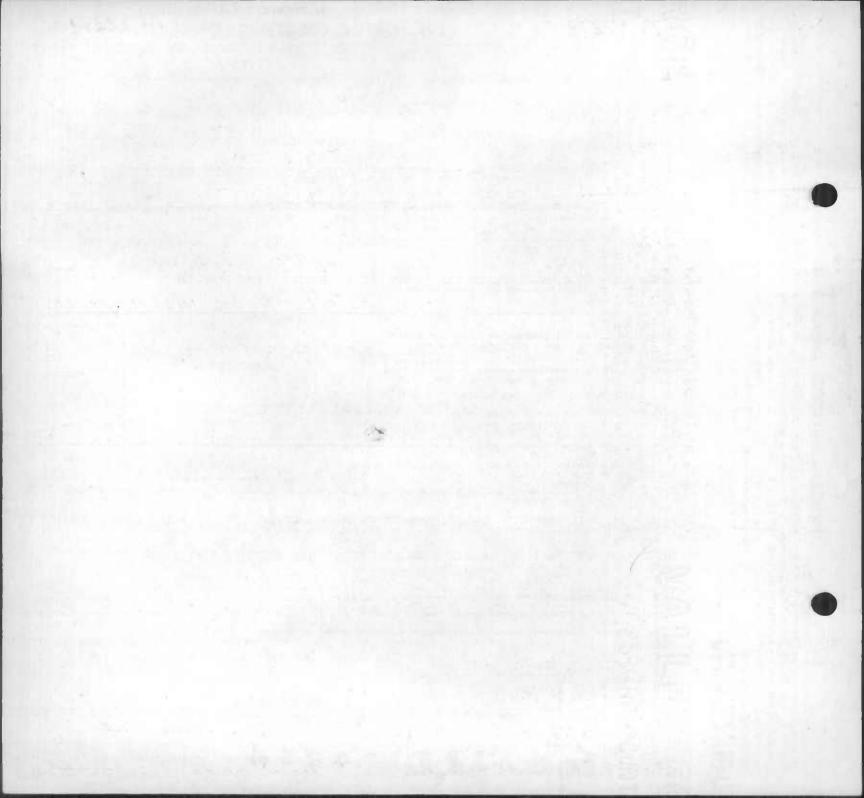
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR.

DEC 17 970 Rober E. Jarban R. 25B. NAME OF REGISTRAR.

VS 150-REV. 1/1/68

25C FUNERAL DIRECTOR

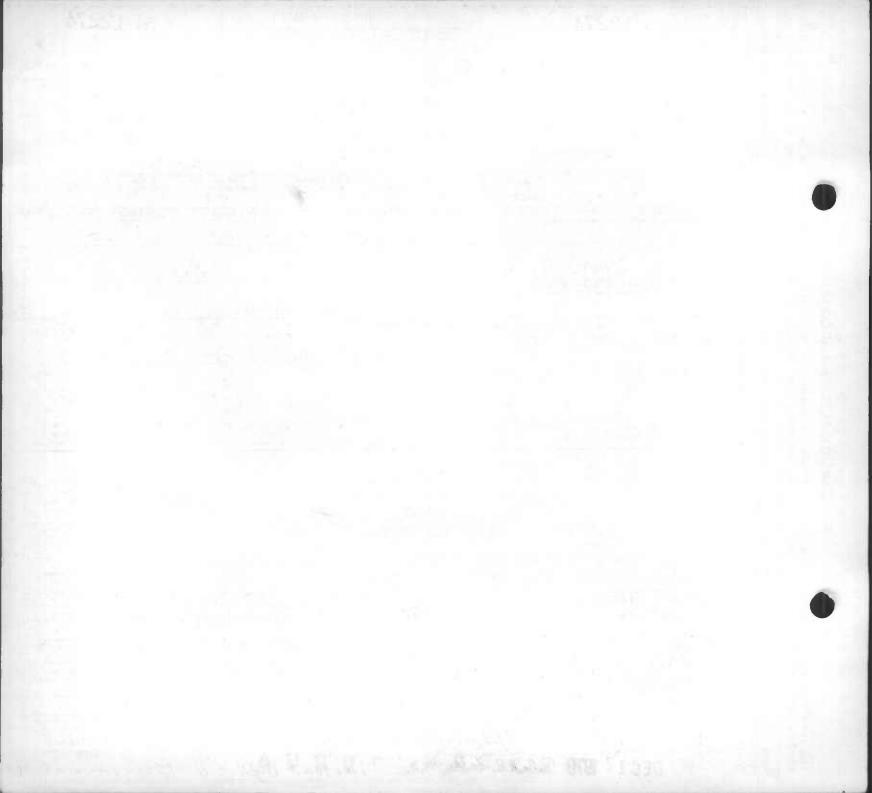
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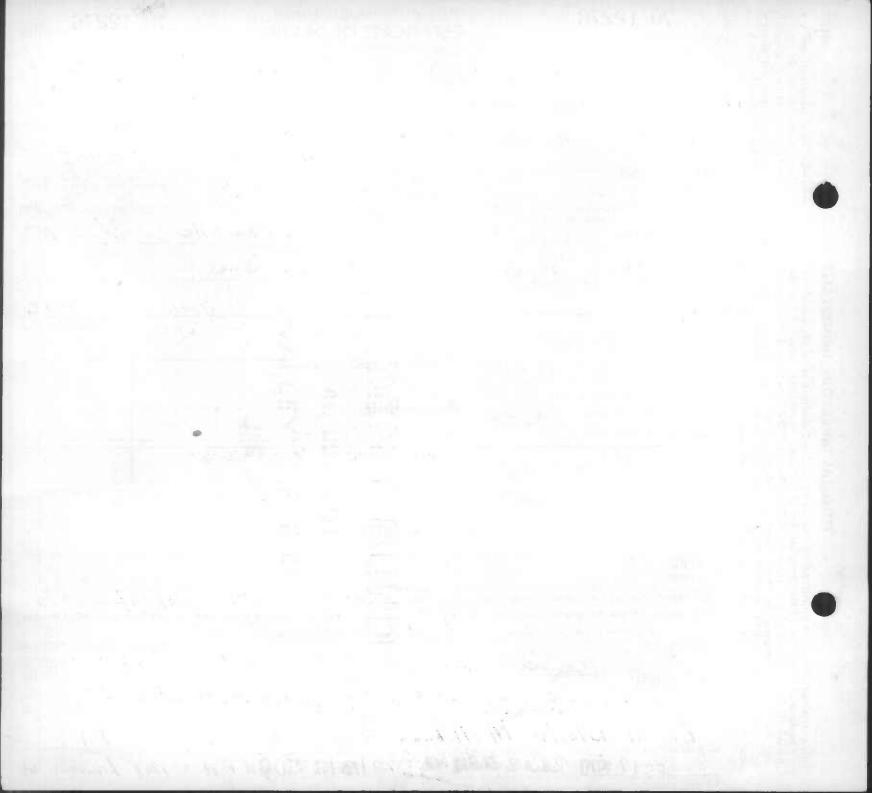
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STREET IN BATTOM CONTINUED TO BEAD STREET AND NUMBER STREET		BIRTH NO. CERTIFICA	TE OF DEATH REG, NO.
STATE IN BASTROOM MARTLAND, WHERE PRONOUNCED DEAD PULL NAME OF BROTH IN HOSPITAL OR INSTITUTION, GVE STEET PULL NAME OF BROTH IN HOSPITAL OR INSTITUTION, GVE STEET WAS STATED AND HOSPITAL OR DESIGNATION OF STATES OF THE STA			12-
NOTIFICATION NOTIFICATION NOTIFICATION CONTINUED CONTINU		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
CAUSE OF DEATH CAUS		FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARCHANI) 1506
STEET AND NUMBER STEET AND N		INSTITUTION	BA: TO LEAD
S. SEE S. SEE S. SEC S. MARCE S. MARRIED NEVER MARRIED S. DATE OF BIETH S. ADE (in years and black) to the proof of the			E. STREET AND NUMBER
IRA. USAA OCCUPATION Give Find of work jobs, find only of work in december of work jobs, find only of work in december of work jobs, find only of work in december of work jobs, find only of work in december of work jobs, find only of work in december of work jobs, find only of work in december of work jobs, find only of work in december of work in decemb		70	
The USUAL OCCUPATION (Investing all weeks) [ask, even at relined] Control of the Control of t		MAKKIED LY NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Doys Haurs Min.
3. FATHEL'S NAME 14. MOTHER'S MADDEN NAME 14. MOTHER'S MADDEN NAME 14. MOTHER'S MADDEN NAME 15. WORD DECEMBER THE II U. S. ARMED FORCES 16. SOCIAL 17. INFORMANT 18. MOTHER'S MADDEN NAME 18. MO		IDA. USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. PATHER'S NAME		Cone during most of working the, even is restreet	SOUTH CAROLINIA USA
See December No. 16 16 16 16 16 16 16 1			
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DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart local ladiure, astheric, etc. II means the disease, injury or complication which caused death.] ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stolling the UNDERLYING CONDITION lost. (C) OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION (BYEN IT PART I CA). OTHER DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION (BYEN IT PART I CA). OTHER DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION (BYEN IT PART I CA). OTHER SIGNIFICANT CONDITION PRO WHICH OPERATION 200A AUTOSYT (Fe or Not) 200, IF YES, WERE FINDINGS. CONSIDERED IN CERTIFIANT CAUSES OF DEATH? OF HONTHALT WAS UNDERLY STORM TO THE CONDITION OF CONTRIBUTION OR CONSTITUTION CAUSES OF DEATH? OF HONTHALT WAS UNDERLY STORM TO THE CONTRIBUTION OR CONSTITUTION CAUSES OF DEATH? OF HONTHALT WAS UNDERLY STORM TO THE CONTRIBUTION 201A OF DEATH (BODIS) MAGE REPORTED TO THE CONTRIBUTION OR CONSTITUTION CAUSES OF DEATH? OF HONTHALT WAS UNDERLY STORM TO THE CONTRIBUTION OR CONSTITUTION CAUSES OF DEATH? OF HONTHALT WAS UNDERLY STORM TO THE CONTRIBUTION OR CONSTITUTION CAUSES OF DEATH? OF HONTHALT WAS UNDERLY STORM TO THE CONTRIBUTION OR CONSTITUTION CAUSES OF DEATH? OF HONTHALT WAS UNDERLY STORM TO THE CONTRIBUTION OF CONTRIBUTION CAUSES OF DEATH? OF HONTHALT WAS UNDERLY STORM TO THE CONTRIBUTION OF CONTRIBUTION CAUSES OF DEATH? OF HONTHALT WAS UNDERLY STORM TO THE CONTRIBUTION OF CONTRIBUTION CAUSES OF DEATH? OF HONTHALT WAS UNDERLY STORM TO THE CONTRIBUTION CAUSE OF DEATH? OF HONTHALT WAS UNDERLY STORM TO THE CONTRIBUTION CAUSE OF DEATH? OF HONTHALT WAS UNDERLY STORM TO THE CONTRIBUTION CAUSE OF DEATH? OF HONTHALT WAS UNDERLY STORM TO THE CONTRIBUTION CAUSE OF DEATH? OF HONTHALT WAS UNDERLY STORM TO THE CONTRIBUTION CAUSE OF DEATH? OF HONTHALT WAS UNDERLY STORM TO THE CONTRIBUTION CAUSE OF DEATH? OF HONTHALT WAS UNDERLY STORM TO THE CONTRIBUTION CAUSE OF DEATH? OF H			
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DISEASES OR CONDITIONS, if only, giving rise to like above cause (A) staling like UNDERLYING CONDITION last. Condition Conditions Contributions Contr		heart laiture, asthenia, etc. 11 meons the disease.	A CONSEQUENCE OF:
DISEASES OR CONDITIONS, if only, giving rise to like above cause (A) staling like UNDERLYING CONDITION last. Condition Conditions Contributions Contr		ANTECEDENT CAUSES	OP RESPIRATORY DAVIC
UNDERLYING CONDITION lost. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSYT (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH? 21D. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH? 21D. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH? 21D. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH? 21D. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH? 21D. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH? 21D. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH? 21D. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH? 21D. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH? 21D. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH? 21D. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH? 21D. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH? 21D. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH? 21D. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH? 21D. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH? 21D. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH? 21D. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH? 21D. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH? 21D. PLACE OF INJURY (e.g., in	1	DISEASES OR CONDITIONS, if any, giving DUE 10, OR, AS	4 CONTROLLENOR OF
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OR CONTRIBUTING CAUSE OF CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CAUSE		O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OR CONTRIBUTING CAUSE OF CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CAUSE		TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	>UPTAL UNFINET CLARDIAC ARRHYTHMIN,
OR CONTRIBUTING CAUSE OF CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CAUSE	1	WAS PERFORMED	20A-AUTOPSY? (Yes of No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
DEATH (natify medical examines) etc.) 21D. TIME (Month) (Doy) (Year) (Hous) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work 19 0 to 19 0 to 19 0 to 19 0 to 19 0 ond that In(my) (aur) opinion death occurred on the date and hour and fram the couses stoted obeye. (I) (We) (did) (did not) view the body after deoth. 23A, SIGNATURE 23C. PHYSICIAN'S NAME (Type) CHACLES A. HARDING DECEMBERY of CREMATORY (City, lown, or county) (Stote) 24A. BURIAL CREMATION, 24B. DATE 124C. NAME of CEMETERY of CREMATORY) 24A. BURIAL CREMATION, 24B. DATE 124C. NAME of CEMETERY of CREMATORY 124D. LOCATION (City, lown, or county) (Stote) DIATE RECORD HEALTH DEPT. 25B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR 125C. FUNER	Ī	OR CONTRIBUTING CAUSE OF home, form, forting, street of	n or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
While At Work 22. I certify that (I) (this hospital) attended the deceased from 1074 1920 to 1920 that (I) (we) lost saw the deceased olive an 1970 and that In(my) (aur) opinion death occurred on the date and hour and fram the couses stated above. (I) (We) (did) (did not) view the body after death. 23A, SIGNATURE 23B, DATE SIGNED 23C. PHYSICIAN'S NAME (Type) CHARLES A. HARROWAL (Specify) 24A. BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY of CREMATORY) 24A. BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY of CREMATORY) 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS		DEATH (natify medical examiner) etc.)	THE STORY THE STORY OF STORY
22. I certify that (I) (this hospital) attended the deceased from 1074 1920 to 1590 that (I) (we) lost saw the deceased alive an 1590 and that In(my) (aur) opinion death occurred on the date and hour and from the couses stated obove. (I) (We) (did) (did not) view the body after death. 23A, SIGNATURE 23B, DATE SIGNED 23C, PHYSICIAN'S NAME (Type) CHACLES A. HACK SOM Modgate UNIV. OF MARY AND HOSP (79) 24A. BURIAL CREMATION, 24B, DATE 24A, BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY OF CREMATORY) 24D, LOCATION (City, town, or county) (Stote) 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS		ZID. TIME (Month) (Doy) (Yeorl (Hour) 21E, INJURY OCCURRED While At Not While	21F. HOW DID INJURY OCCUR?
that (i) (we) lost saw the deceased olive an	ı	THE STATE OF THE S	
and hour and fram the couses stoted obove. (1) (We) (did) (did not) view the body after deoth. 23A, SIGNATURE 23B, DATE SIGNED 23C, PHYSICIAN'S NAME (Type) CHACLBS A HACK SOM Modern Phys. 23D, ADDRESS CHACLBS A HACK SOM Modern Phys. 24A, BURIAL CREMATION, 24B, DATE 24C, NAME of CREMATORY 24D, LOCATION (City, lown, or county) CHACLBS ADATE 24C, NAME of CREMATORY 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS			TO amount of the second of the
23A, SIGNATURE 23A, SIGNATURE 23A, SIGNATURE 23A, SIGNATURE 23B, DATE SIGNED 23C, PHYSICIAN'S NAME (Type) CHACLES M. HARRION, DEGREE WIV. OF MARYLAN HOSPITAL 24A, BURIAL CREMATION, 24B, DATE 24A, BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, lown, or county) (Stote) 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF, REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS			, , , , , , , , , , , , , , , , , , , ,
23C. PHYSICIAN'S NAME (Type) CHACLES M. HARRION Director Phys. Director Phys. Phys. C 23D. ADDRESS CHACLES M. HARRION DIGHE UNIV. OF MARY LAND HOSPITAL 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY) 24D. LOCATION (City, town, or caunty) (Stote) DUV 12 12170 HYBIGHT DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		23A SIGNATURE	238, DATE SIGNED
NAME (Type) CHACLBS M. HARRISON Modern UNIV. OF MARYLAND HOSPITAL 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CREMATORY 24D. LOCATION (City, lown, or county) (Stote) SUV 12 12/21/10 Arbutus Man. Fark Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		23C. PHYSICIAN'S	Director Phys. /2//5/20
Surial 12/21/20 Arbutus Han. Fork Raltimere, Haryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		CHAPLEC MA HORRICON NO.	1 201111 or Manger and Hack to
Buria 12/21/70 Hobutus Han. Fork Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY) 24D. LOCATION (City, town, or county) (Stole)
20017 000 00 40 20		Burial 12/21/10 Hebutus Men.	Park Baltimere, Maryland
		DEC. 17 17 CALLE Selection of the second sec	2 FOR FUNERAL DIRECTOR ADDRESS ST. H. 1701 LAURENS ST.



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(1)	1.	£	Same	-	

FICATE OF DEATH REG. NO.
E Known 🖾 Month Doy Year Hnur
TH Estimoted 🗆 M
E Month Day Year Hour
NOUNCED DEAD 12 15 70 8:30 a. M
AL RESIDENCE (Where deceased lived, It institution; residence before admission) E B, COUNTY
Maryland 6. COUNTY
OR TOWN D. INSIDE CITY LIMITS?
Baltimore YES ☒ NO ☐
ET AND NUMBER
1411 Bloomingdale Rd.
HER'S NAME
lliam Lee
THER'S MAIDEN NAME
etta Lee
ORMANT ADDRESS
s. Rebecca Lee 1411 Bloomingdale Road
BETWEEN ONSET AND DEATH
cotic cardiovascular disease
SEQUENCE OF:
NSEQUENCE OF:
DRMED 21. AUTOPSY? (Yes or No)
DRMED 21. AUTOPSY? (Yes or No)
IN 22C WHERE DID (II to Relitions City the analysis and anti-
ut 22C. WHERE DID (II in Baltimore City, give exact location) L) INJURY OCCUR?
22F. HOW DID INJURY OCCUR?
The state of the s
and that on this basis, death in my opinion
Homicide Undetermined manner
CHIEF MEDICAL EXAMINER
SSISTANT MEDICAL EXAMINER TO DATE SIGNED
SSOCIATE MEDICAL EXAMINER
cy Chief Medical Examiner 12/15/70
ATORY 24D. LOCATION (City, town, or county) (State)
tery Baltimore Maryland
tery Baltimore Maryland c. FUNERAL DIRECTOR ADDRESS

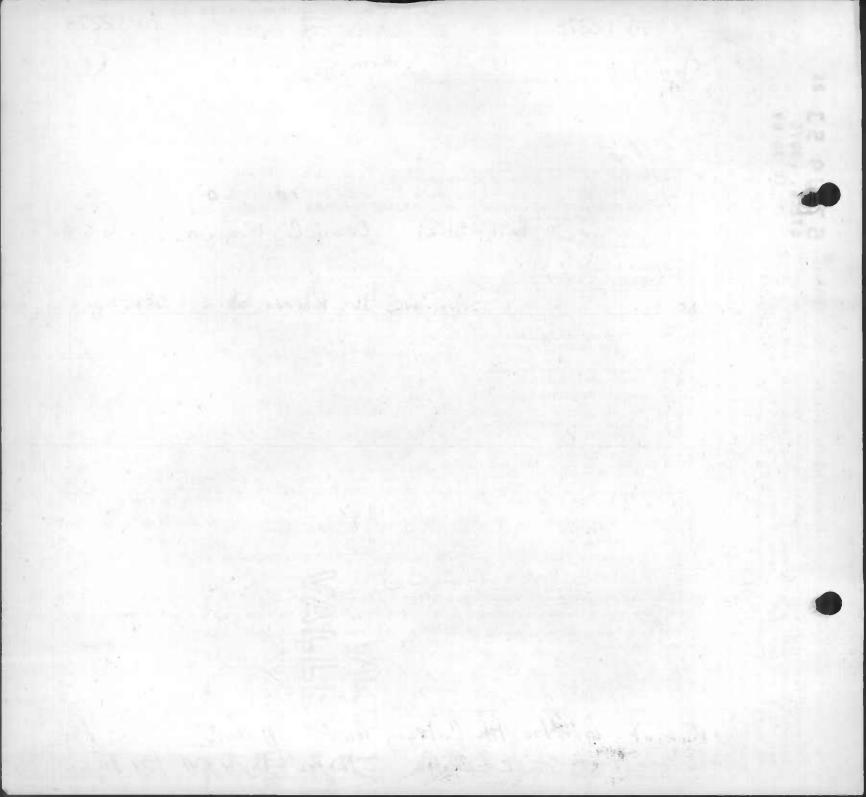


FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
FUNERAL	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased provinten approval must be obtained before the remains are embalmed or final disposition is made.

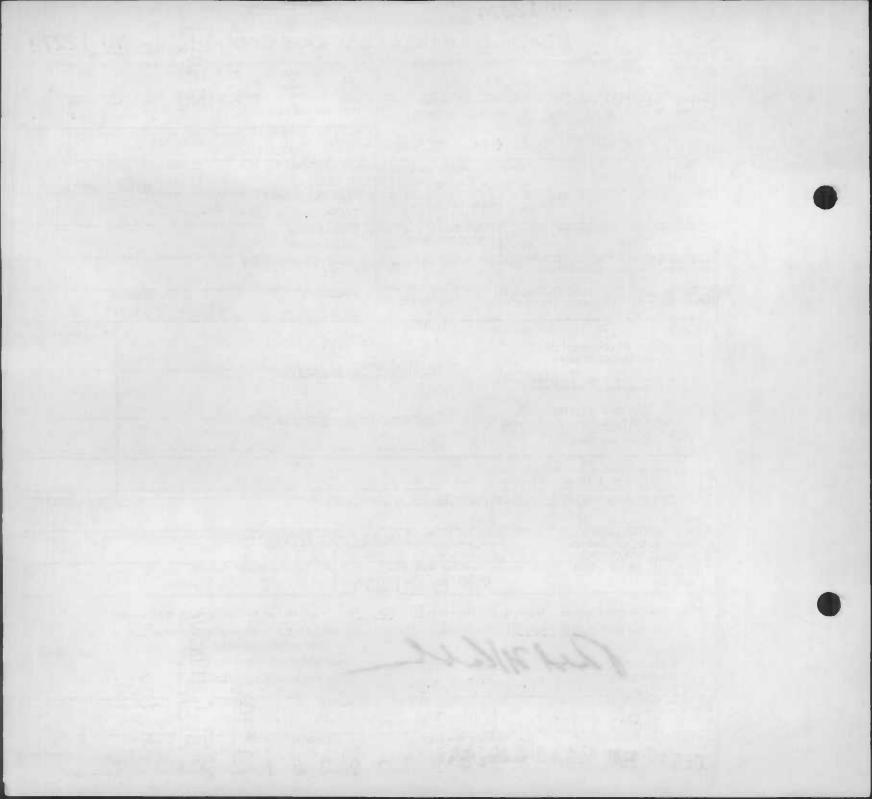
mo 4 00mm	BALTIMORE CITY	HEALTH DEPARTMENT		70 40077
70 12277	CERTIFICA	TE OF DEATH	REG. NO	70 1227.7
BIRTH NO.	CERTITION			
1. NAME OF DECEASED A			D HOUR OF DEAT	
Serena kichards		Dec.	15, 1970	0 8:35 P. M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		A. STATE B. COUNT		institution: residence before admission)
institution Lutheran Hosp.		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
730 Ashburton S	24 21216	Balto.		YES K NO
750 ASIDULCON S	St. 21216	1215 Oakhur	st Pl.	
S. SEX 6. RACE 7. MARRI	ED NEVER MARRIED		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
F. Negro widow	DIVORCED	3-14-1882	88	
OA. USUAL OCCUPATION (Give kind of work 10B. KIND tone during most of working life, even if refired)	OF BOSINESS OK INDUSTRE	II. BIRIMPLACE (Stote of loreig	jn co.	12, CITIZEN OF WHAT COUNTRY
Retired		A.A.Co., Maryl		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
Henry Baker		Eliza Baker	•	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS Ave.
No.		Mrs. Agatha E.	Williams	2110 W. Fairmount
18. / 2 / 1	CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, of heart loiture, osthenio, etc. It means the disectingury or complication which caused death.) ANTECEDENT CAUSES		ACONSEQUENCE OF: &	De hydre walam!	prit on
DISEASES OR CONDITIONS II	(B) DUE TO OR AS	A CONSEQUENCE OF	~~~~~	
DISEASES OR CONDITIONS, il any, giv rise la lhe obave couse (A) slaling UNDERLYING CONDITION lost.		A CONSEQUENCE OF		`
	(5/2000000000000000000000000000000000000			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OTHER DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).				
198. CONDITION FOR WAS PERFORMED	DR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	in or obout 21 C. WHERE DID INJURY OCCUR?	(II in Boltin	nore City, give exact lacation)
21D.TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not Whi Work At Work		JRY OCCUR?	
22. I certify that (I) (this hospital) attended	d the deceased from	12 - 15 1	970 to	12-15 1070
that (I) (we) last saw the deceased alive of	10 - 1	- 0 :		pinion death occurred on the date
and haur and from the causes stated above	e. (1) (We) (did) (did not)			
23A:SIGNATURE				23B, DATE SIGNED
Treamin Hearton	- Ath		Staff Phys.	12-15-20
23C. PHYSICIAN'S NAME (Type)	(DEGREE	23D. ADDRESS		
24A. BURIAL CREMATION, 24B. DATE 24C	DEGREE C. NAME of CEMETERY OF CR	EMATORY 24D. LC	CATION	(Cily, town, or county) (State)
Burial 12-21-70	Mt. Zion Cemete	Ba Ba	lto. Co.,	Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAN	AE OF REGISTRAR	25C. FUNERAL DIRECTOR		701 Laurens Street
DEC17 WO Rober E.	dotter 150	5 100	1 , 11,	701 Eddi 0.13 0 01 000

THE RESIDENCE OF STREET

	4.0070	BALTIMORE CITY	HEALTH DEPARTMENT	10 30 09	70 40070
	BIRTH NO. 70 12278	CERTIFICA	TE OF DEATH	X REG. NO	10 16218
	1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEAT	тн
	(Type of Print) Louis S	TERN (Ste	rns) Decei	where 15,	1970 9:15 A. M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUN		institution: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	mp.	11/12.	5300
	HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN D. INSIDE CITY LIMITS?		NSIDE CITY LIMITS?
	JOHNS HOPKINS HOPPI	THE	BALTIMORE E. STREET AND NUMBER		YES NO NO
	32		2505 Sycau	and Ave	
de	5. SEX 6. RACE 7. AAADE	RIED NEVER MARRIED		9. AGE (In years	THE TAX WILLIAM IN
mad	AA . I Alexan	WED DIVORCED		lost birthdov	Months Doys Hours Min.
2	10A. USUAL OCCUPATION (Give kind of work 10B. KIN		11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT COUNTRY?
disposition	done during most al working life, even if retired)	Ma - Starl	Dian A A	-	4.S.A.
\$14	13. FATHER'S NAME	11, 2/66/	14. MOTHER'S MAIDEN NAN	NE OINIA	9.3.71
ods	James Stern		PAULETTE	Harry	
dis	15. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	TANCY	ADDRESS
final	(Yes, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.	N DI	d.	
	No.	217-61-4453 CAUSE OF DEATH	Mrs. Kobecca	2461 N	2505 Syc 4more Am
0	18. 4	CAUSE OF DEATH	1		BETWEEN ONSET AND DEATH
eq	(A) IMMEDIATE CAUSE CARDING TO DEATH (This does not meen the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:				
balmed	(This does not meen the made of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	The state of the	
ıβο	heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)	:05¢,			
E H	ANTECEDENT CAUSES (B) Arterio schools Vasculas Disease and Metaboli, Aboverallines DISEASES OR CONDITIONS, if any, giving				
are	DISEASES OR CONDITIONS, if any, gi	·····g			
	rise to the abave cause (A) stating UNDERLYING CONDITION last.	(c) Associal	Ed with Diabetes 1	Mellitus	
remains					
em	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	OR IE VES WE	DE ENDINGS CONSIDERD
the	WAS PERFORMED	OK WHICH OPERATION	ZON. AUTOPST? (Tes of No.	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
before	U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or obaut 21C. WHERE DID	(If in Boltin	more City, give exact lacation)
efe	OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	hame, larm, loctory, street, of etc.)	fice bldg., INJURY OCCUR?		
	21D. TIME (Month) (Doy) (Year) (Haur)	21E. INJURY OCCURRED	21F, HOW DID INJU	URY OCCUR?	
ained	S OF INJURY (APPROX.)	While At Not Whil	e 🗖		
btai		Work At Work		2. 2	ecente 15 1970,
0	22. I certify that (t) (This hospital) attended that (t) (we) lost saw the deceased alive				
pe				or in (my) (our)	opinion deoth occurred on the date
ust	and hour and fram the causes stated above	(e. (He) (did) (did net) v	new the bady after death.		23B, DATE SIGNED
I must		10. M.D. Atte	nding Med. Director	Staff Phys 2	12/15/70
0	23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	Phys	7011
approva	NAME (Type) ROBERT A. AD.	LER M.D.	Johns Hopkin	us Hos	pital
ddı		C, NAME of CEMETERY OF CRE		/	(City, town, ar caunty) (State)
	REMOVAL (Specily)	1.1 /1 1	1	0 1	La /
written	25A. DATE REC'D BY HEALTH DEPT. 25B, NA	Mr. Calegry	25C. FUNERAL DIRECTOR	17. Co,	MADDRESS
Wri	DEC 17 DE QUE AL	ME OF REGISTRAE	2 Market Breeton	MY FI	1201 Linux
	VS 150-REV. 1/1/6B	A CONTRACTOR OF THE PARTY OF TH	- Thecrep - Ba	7011 1111	1 14 VITAREYS OI.

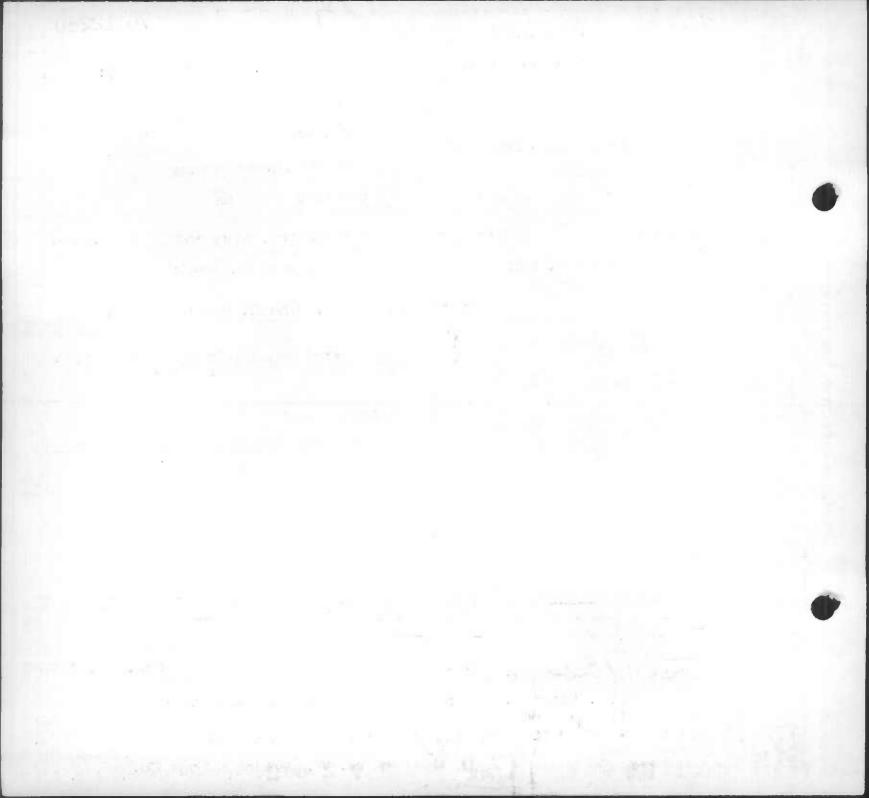


VS 151-REV. 1/1/68



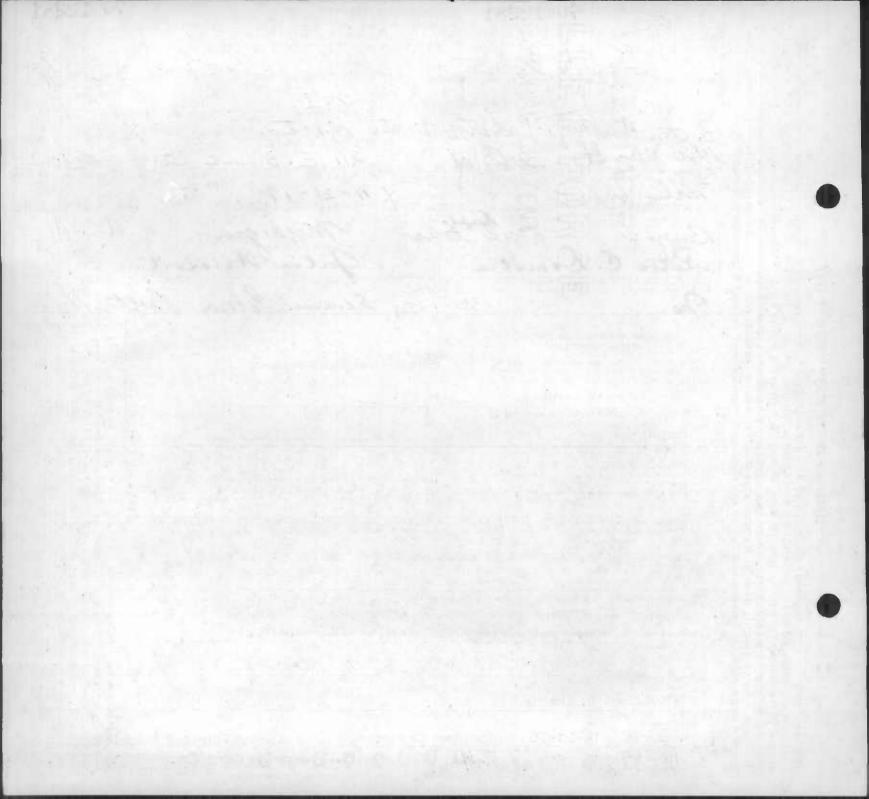
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R-200 70	1 0000	Y HEALTH DEPARTMENT ATE OF DEATH REG. NO	70 12280
1. NAME OF DECEASED (Type or Print) Grace	e C. Roach	2. DATE AND HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND,		Dec. 15, 1970	15;10 A. M
FULL NAME OF UE NOT IN HOS	PITAL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY Maryland	stitution: residence before admission)
HOSPITAL OR ADDRESS OR LO	CATIONI	C CITY OR TOWN	IDE CITY LIMITS?
9 House In Th	e Pines Belair Roa	CE. STREET AND NUMBER	YEŠ NO
10		2810 Beechland Avenue	
5. SEX 6. RACE	7. MARRIED NEVER MARRIED NIVORCED DIVORCED	8. DATE OF BIRTH 6-1-1885 9. AGE (in years lost birthdoy)	II Under 1 Ys. II Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of w	ork 108, KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or loreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife	Own Home	Baltimore, Maryland	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	U.S.A.
Hugh C	. Hill	Margaret W. Raffle	
5. Was Deceased Ever in U. S. Armed I Yes, no or unknown) (II yes, give wor or de	orces? 16. SOCIAL	17. INFORMANT	ADDRESS
No	SECURITY NO. 213-12-3278	D Mr. John C Roach	
18. 44 / 1	CAUSE OF DEAT	- Min . Commo . Moacm	Same I APPROXIMATE INTERVAL
inso to the obave couse (A UNDERLYING CONDITION tast. O OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELATED TO DISEASE OF CONDITIONS C	ONTRIBUTING		
ac C	NOTION FOR WHICH OPERATION REFORMED	20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF DEATH (notify medical examine)	218 PLACE OF INJURY (e.g., homo, larm, factory, street, o	n or obout 21C, WHERE DID (II In Boltimore lice bldg., INJURY OCCUR?	City, give exoct location)
21D. TIME (Month) (Doy) (Yeor OF INJURY (APPROX.)	While At Not While Work At Work	21F. HOW DID INJURY OCCUR?	
22. I certify that (i) (this hospite that (i) (we) lost saw the decease		av 7, 1966 to Dece	ember 15 19 70
	oted abave. (I) (We) (did) (did not) v	- The state of the	devin decorted on the date
23A. SIGNATURE		nding 🔀 Med. 🖂 Shaff	23B, DATE SIGNED
23C. PHYSICIAN'S	DEGREE	Tity 3,	Dec. 17, 1970
NAME (Ivpe)/	yd E. Saylor	23D. ADDRESS	
NAME (Type) Dr. Llc 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	Dyd E. Saylor 24C.NAME OI CEMETERY OF CRI	23D. Address 3902 Greenmount Avenum MATORY 24D. LOCATION (City)	Je , town, or county) (Stotel
NAME (Type) Dr. Llc	Dyd E. Saylor 24C.NAME of CEMETERY OF CRI	3902 Greenmount Avenumatory 240. Location (City	ue



FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT REG NO CERTIFICATE OF DEATH hospital and iuse of death ; (5) Deceased the Such BIRTH NO 2 DATE AND HOUR OF OFATH I. NAME OF DECEASED (Type or Print) по death. RESIDENCE (Where deceased lived, If institution; residence before ada 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD ance 8. COUNTY HE NOT IN HOSPITAL OF INSTITUTION GIVE STREET cause FILL NAME OF ADDRESS OR LOCATION HOSPITAL OR CITY OR D. INSIDE CITY MMITS? NOTITUTION cause; attend 0 D NO __ prior AND NUMBER contributing occurred BIDDLE 21207 (4) Undetermined regular mad If Under 24 Hrs. 6 PACI 8. DATE OF SIRTH 9. AGE (In years If Under 1 Yr. S. SEX MARRIED NEVER MARRIED deceased lost birthday Months Dovs Hours DIVORCED X WIDOWED 11. BIRTHPLACE (State or foreign country) OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? INA USUAL OCCUPATION death disposition done during most of working life, even if retired) = Or Was 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME the direc assistant eath u o kind; ADDRESS 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMAN final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. ance Ö -01.655 any CAUSE OF DEATH APPROXIMATE INTERVAL pronounced 18. 0 attend BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 50, balmed of LEADING TO DEATH JC 4 fracture (This does not mean the mode of dving, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, examiner ular xaminer. injury or complication which caused deoth.) em ANTECEDENT CAUSES w ho 5 re 4 re DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving 0 rise to the above cause (A) stating the (3) physician UNDERLYING CONDITION last. remains (c) medical WOS medical burns; 11 ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) the chief Body 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No!) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 0 WAS PERFORMED before by 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? the (7) Ü (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF hospital DEATH (notify medical examiner) °Z any nature; P× obtained 5 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While (APPROX.) Work At Work and to the 22. I certify that (1) (this haspital) attended the deceased from 19 ... 19 and that in (my) (our) opinion death occurred on the date that (I)((we))lost saw the deceased alive on be of eath) hospital (We) (did) (did not) view the body after death. and hour and from the causes stated above. (1) must accident was release 23A. SIGNATURE 238, DAJE SIGNED must Attending D Med. 0 Director L Phys. approval O 23C PHYSICIAN'S NAME (Type) 230 ADDRESS prior certificate to An Theodore Dizruk M.D A 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) ceased the body o REMOVAL (Specify) written shows: d 12-21-70 Woodlawn Cemetery Grand Rapids, Michigan SD 258. NAME OF REGISTRAR FUNERAL DIRECTOR Sons Co. 4905 Baltimore, York Rd. de 3 VS 150-REV. 1/1/68



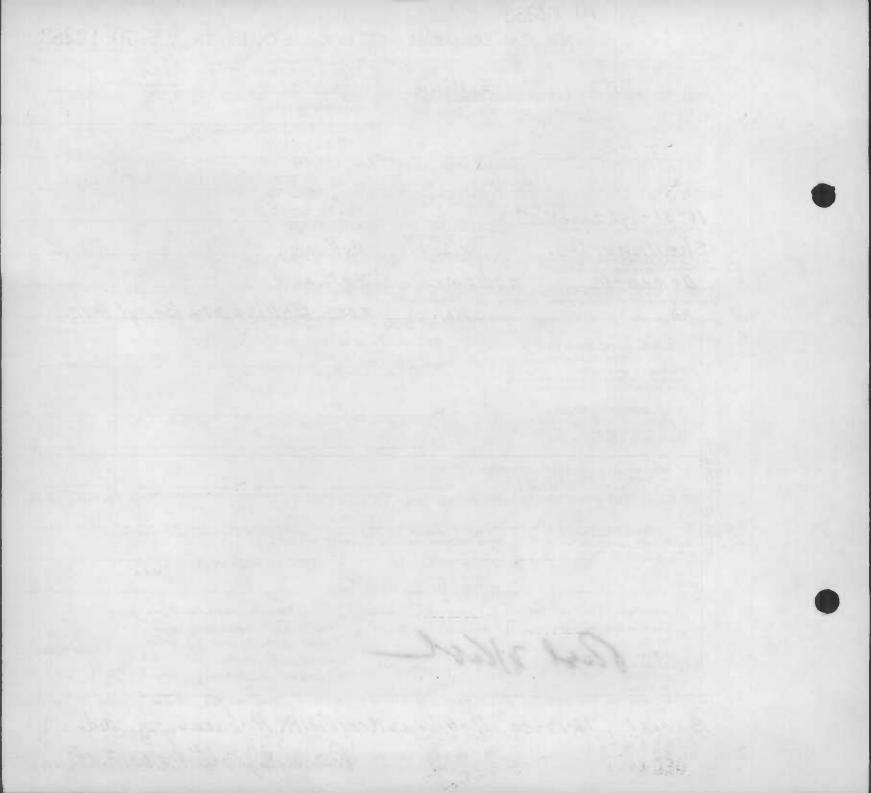
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approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased at (except where the physician who pronounced death was in regular attendance on the th); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.	
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.	1
This the show was dece	100

	5-600 70 12282 CEPTIFICA	Y HEALTH DEPARTMENT REG. NO. 70 12282	
	NAME OF DECEASED	2, DATE AND HOUR OF DEATH	
	Type or Print Greene Havold	12-15-70 1 26 3.	55A.M
	B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before a	dmission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) NSTITUTION	C.CITY OR TOWN D. INSIDE CITY LIMITS?	17
H	Lutheran Hospital of md.	Balto. YES NO	
		E. STREET AND NUMBER 3235 Pressiman ST.	
1	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Ye. If Under	er 24 Hes.
	Male hegro WIDOWED DIVORCED	1 4-22-23 40	Min.
1	DA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY one during most of working life, even if relired)	11. BIRTHPLACE (Stote or fareign country! 12. CITIZEN OF WHAT	COUNTRY
	Cab Driver Gellow Cab. Co.	Maryland usp	
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Anderson Butler	Estelle Chesley	
10	s. Woe Deceased Ever in U. S. Armed Ferces? es, ne ar unknawni ili yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	
	Yes WWII	Etnav Estelle Butler 3235 Preetma	in 5-1
IF	18. CAUSE OF DEAT	H APPROXIMATE IN	TERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		ND DEATH
	(This does not meen the mode of dying, e.g., (A) IMMEDIATE CA	A CONSEQUENCE OF	
	heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	JUBERCULOSIS.	
	ANTECEDENT CAUSES		
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:	
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)		

	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
100 0 00	I DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A-AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED	
P. O. W. S. P. S. A.	WAS PERFORMED WHICH OPERATION	20A AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
A1 00	21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., I	n or about 21 C. WHERE DID (II In Baltimore City give exact location)	
100	21D.TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
1	(APPROX.) While At Not While At Work At Work		
	22. I certify that (I) (this hospital) attended the deceased from	12/14/ 19 70 10 12/15/ 19.	_
	that (i) (we) last saw the deceased olive on 12/15/	- /	
and haur ond from the causes stated abave. (1) (We) (did) (114 not) view the body after death.			
	23C. PHYSICIANS NAME (Type)	23D. ADDRESS	
	S. BASU	Lukeran Hospital of Mary (a	d
2	REMOVAL (Specify) 248, DATE 24C. NAME of CEMETERY of CRE	territoria de la constitución de	(State)
	Burial 12-19-70 Mt. Aubui		
2.	A. DATE REC'D BY HEALTH DEPT. 25R NAME OF REGISTRAR	2 DARCES HERICE 661 W Barre	St
	150-REV. 1/1/68	Transcentifica 60, W /Jarre	J.,

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VS 151-REV. 1/1/68



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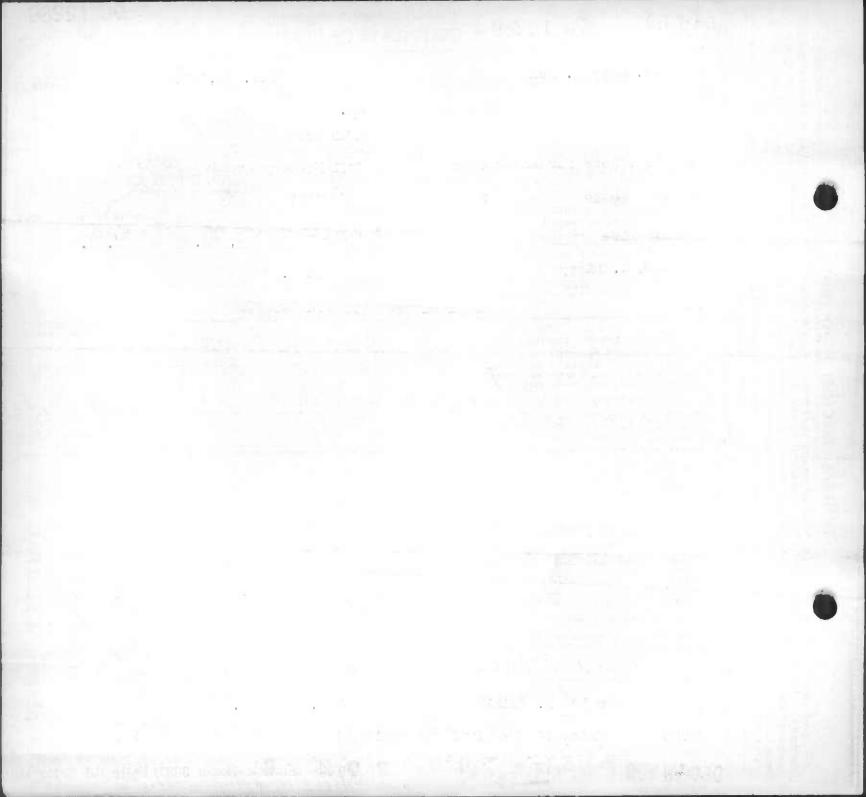
BALTIMORE CIT	Y HEALTH DEPARTMENT 70 12284
7-620 70 12284 CERTIFICA	ATE OF DEATH REG. NO.
BIRTH NO.	
1, NAME OF DECEASED (Type or Print) GARLAND PRILE	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before adm A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
/Baltimore City Hospitals	E. SREET AND NOMBER
4940 Eastern Avenue	E. STREET AND NOMBER
Bal timore Maryland 2122	716 North Port Street 21205
5. SEX 67RACE 7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. II Under 2 Months Doys Hours A
Male Negro WIDOWED DIVORCED	9-11-06 64
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	
Chaffeure City of Balto.	West Point W. Va.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME ULS.A.
George 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Addie Richardson 17. INFORMANT D.
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	4940 Eastern Avenue
ND 218-05-51/72	BCH. Records Baltimore, Maryland 21224
1B. CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY	2 2 1 1 /
LEADING TO DEATH	
heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF THE STATE OF T
injury or complication which caused death.)	
ANTECEDENT CAUSES	remonalozes "
l land the same transfer of th	S A CONSEQUENCE OF:
rise to the above cause (A) stoling the UNDERLYING CONDITION lost.	a of Stoneck or framany
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	matosis (ca of Stomach)
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or Not) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
16/5/70 R/O OHSTRU Ca	- YES YES
OP CONTRIBUTING CAUSE OF	in or obout 21C. WHERE DID (II in Boltimore City, give exect location) office bldg., INJURY OCCUR?
DEATH (notify medical examiner)	
21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not Wh	
	9/29 34 12/14
22. I certify that (I) (this haspital) attended the deceased fram	7
that (1) (we) last saw the deceased alive an	
and haur and fram the causes stated above. (1) (We) (did) (did nat)	
23A. SIGNATURE	23B. DATE SIGNED
tons the DEGREE DEGREE	rending Med. Staff Phys. 2 14(4/70
23C. PHYSICIAN'S NAME (Type)	Paltimore City Hospitals 21224
Ivens LaFlore DEGREE	4940 Eastern Avenue Baltimore, Maryland
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CI	REMATORY 24D. LOCATION (City, town, or county) (S
Busia 12-17-70 Ankutus Me	morial Park Antiutus. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS
DECT BAT WE'RE ALEDES. U.) Marilololy & Terllack 24316. (Wever St

FUNERAL DIRECTOR: IMPORTANT

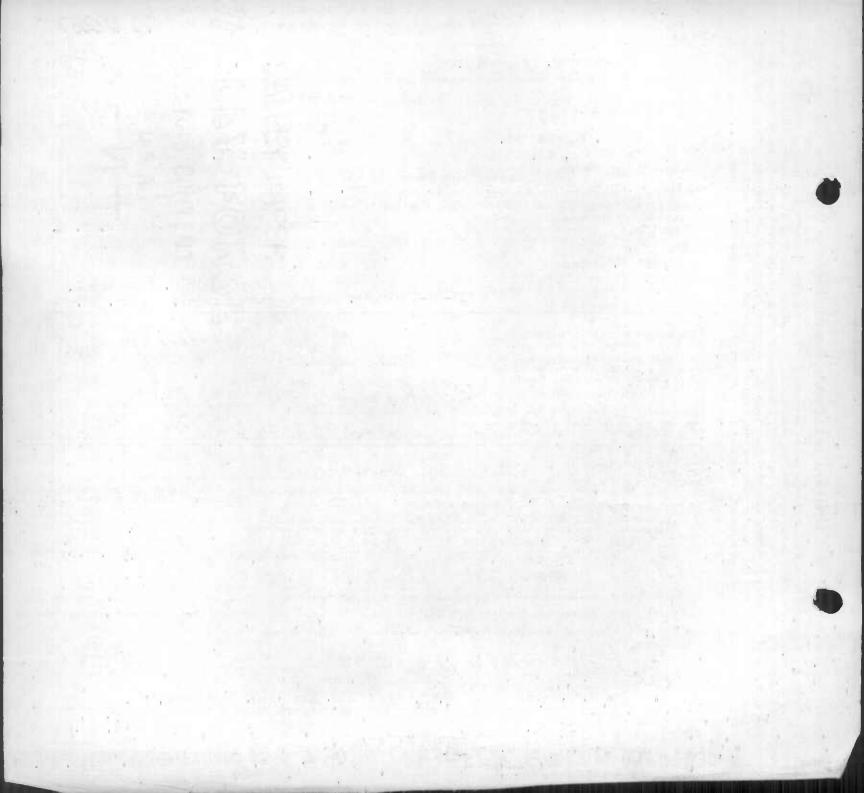
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CI	TY HEALTH DEPARTMENT
0-60/ BIRTH NO. 70 12285 CERTIFICA	ATE OF DEATH REG. NO. 70 12285
T. NAME OF DECEASED (Type of Print) Advers Bramble	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, It institution; residence belote odmission) A. STATE 8. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Val Il in Alacorital	BOND, YES ET NO [
6 Lutheran Hospital	E. STREET AND NUMBER 704 Walnut Auc
6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTR	June 22, 1889 81
done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country)
13. FATHER'S NAME	Maryland USA
TOTAL S HAME	14. MOTHER'S MAIDEN NAME
15 Was Decayed Fuer in 11 S Armed Faces 2 13 6 50 014	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Ulf yes, give wor or dotes of servicel SECURITY NO.	17. INFORMANT ADDRESS
705-05-017	
DISEASE OR CONDITION DIRECTLY	THE THE PARTY OF T
LEADING TO DEATH	UTE PULMONARY OFDEMA
(This does not moon the mode of dying, e.g., head loilure, asthenia, etc. It means the disease,	AUSE WITH PNEUMONITIS S A CONSEQUENCE OF:
injury or complication which caused death.) ATHERO	SCLEROTIC HEART DISEASE
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving ise to the above couse (A) stoling the	AS A CONSEQUENCE OF:
UNDERLYING CONDITION lost, (C)	10000000000000000000000000000000000000
z II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	office bldg., INJURY OCCUR? (If in Boltimore City, give exect location)
OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not Will Work At Work	ile D
22. I certify that (1) (this hospital) attended the deceased from	12/9/ 1970 to 12/16/ 1970
that (1) (we) last saw the deceased alive an	19 76 and that in (my) (our) opinion death accurred on the date
and hour and from the causes stated above. (1) (We) (did) (did not)	wiew the body after death.
23A. SIGNATURE N.SAW Y. D AH	tending Med. Stoff 1/1//
23C, PHYSICIAN'S DEGREE	lys. Director Phys. 1
NAME (Typel S. BASU	Culheran Hospital of Maryland
24A. BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY OF CI	REMATORY 24D. LOCATION (City, town, or county) (Stote)
Durial 12/18/70 Parkwood	Baltimore Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR
DECTONIN PRADE TO	Witzke 4101 Edmondson Ave

4-520 70 12	213320	Y HEALTH DEPARTMENT	70 12286			
BIRTH NO.	CERTIFICA	TE OF DEATH REG. NO				
1. NAME OF DECEASED		2. DATE AND HOUR OF DEAT	Н			
Mrs Many F Ton	P	D 17 1000	1			
3. PLACE IN BALTIMORE, MARYLAND, WHE	RE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	institution; rosidence before admission			
	OR INSTITUTION, GIVE STREET	Md. 2/55				
INSTITUTION TO LOCATE			ISIDE CITY LIMITS?			
		Baltimore E. STREET AND NUMBER	YES X NO			
Keswick, Home For I	ncurables					
	MARRIED NEVER MARRIED	5601 Newbury Avende				
Female White v	VIDOWED X DIVORCED	9/3/1877 losf birthdoy)	Months Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 10) done during most of working lile, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTR			
House Wife		Commod to Commod				
3. FATHER'S NAME		Carroll County, Md.	U. S.			
Noah C. Lippy						
	116 500141	Ellen M. Burns				
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) lif yes, give war or dates of		17. INFORMANT	ADDRESS			
No	213-50-8646	Keswick Records				
DISEASE OR CONDITION DIREC	CAUSE OF DEAT	Coronare Thrombon	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT			
injury or complication which caused dec ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, is to the above cause IA) sid underlying Condition last.	giving (B) DUE TO, OR AS (C)	TENOSCLOTO CVÃ				
TO THE DEATH BUT NOT RELATED TO THE TI DISEASE OR CONDITION GIVEN IN PART I	Δ1.		***************************************			
19A-DATE OF OPERATION 19B. CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?			
OR CONTRIBUTING CT CALLES OF	218. PLACE OF INJURY (e.g., in home, form, factory, street, off etc.)	n or obout 21C. WHERE DID (If In Boltime	ore City, give exact location)			
DEATH (notify medical examined) 21D.YIME (Month) [Doy) [Year) (H	out 218 INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
(APPROXI	While At Not While					
22. I certify that (1) (this hospital) at			1216- 0			
that (1) (we) last saw the deceased of	the deceased fram	(2) une 19 10	13 Dec 1970			
	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	c_19/C and that In(my) (aur) op	Inion death occurred on the dat			
and have and from the causes stated a	sbove. (I) (We) (did) (did not) vi	ew the bady after death.				
therold P	Incia UD AHOT	nding Med. Staff	23R DATE SIGNED			
	DEGREE Phys.	Med. Staff Phys.	12-13-70			
23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS				
	Beihl	700 W. 40th St.				
AA. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (C	ity, town, or county) (Stote)			
Burial 16 Dec 70	Moreland Memoria	I Park Taylor Ave B	Balto Md			
SA. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS			
DEC 18 1978 RAGE JO	When KA	Burgee Funeral Home 36	331/ Falls Rd Balto			
150-REV. 1/1/68		SHOW WELL HARMING	40			



(Тур	AME OF DEC e ar Print)	Margaret E.	Brander	CERTIFICA		2. DATE A	ND HOUR OF D		12287
3. P	LACE IN BAL	TIMORE MARYLAND, W		9	4. USUAL	RESIDENCE (Wh	ere deceased live	d. If institution	n: residence before odmissi
FUI	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPITA	AL OR INSTITU	UTION, GIVE STREET		yland		AND SECURITY OF SE	101
916 S. Potomac St.				Baltimore D. INSIDE CITY LIMITS?					
(00	916 S. Potoma Baltimore, Md				S. Potom	ac St.		
-	male	6. RACE White	WIDOWED			24, 1908	9. AGE (In year lost birthdoy) 6]	rs If U	nder 1 Yr. If Under 24 H
done		working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY		ryland	eign country)	12. 0	U. S. A.
13. [ATHER'S NA	ME			14. MOTH	ER'S MAIDEN NA	ME		
	Alber	t S. Jones			An	na W. Koe	hler		
(Yes		Ever in U. S. Armed Ford (If yes, give wor or dote		16. SOCIAL 213-01-0383B	Mr. A	lbert Bra	and) 916	S. Pot	tomac St.
	DISEASES (OR CONDITIONS, if		(B) Alhero DUE TO, OR AS	a consec	rotic Ca	rdioVas	scular	APPROXIMATE INTERVA BETWEEN ONSET AND DE
ATI	DISEASES (rise to th UNDERLYIN OTHER SIGNII TO THE DEA	OR CONDITIONS, if a constant of the course (A) G CONDITION last. II FICANT CONDITIONS COINTING BUT NOT RELATED TO THE CONDITION OF THE CONDIT	Stating The NTRIBUTING HE TERMINAL T 1 (A).	(c) Vise	ase.	/ Parsible	(Liabe)	scular Tes.	
ERTIFICATION	DISEASES (rise to th UNDERLYING OTHER SIGNII TO THE DEA DISEASE OR C	OR CONDITIONS, if e obave cause (A) G CONDITION last. FICANT CONDITION 5 COI TH BUT NOT RELATED TO THE CONDITION GIVEN IN PART OPERATION 19B. CON WAS PERF	Stating The NTRIBUTING HE TERMINAL T 1 (A). DITION FOR VORMED	(c) Disconnection WHICH OPERATION MORE.	ase.	JTOPSY? (Yes or N	ol 208. IF YES, IN CERTIFYIN	Scular Tes.	GS CONSIDERED F DEATH?
ICAL CERTIFICATION	DISEASES (rise to the UNDERLYING OTHER SIGNII TO THE DEA' DISEASE OR C 19 A. DATE OF 21 A. A CCIDE OR CONTRIBI DEATH (nohify	OR CONDITIONS, if e abave cause (A) g CONDITION last. II FICANT CONDITIONS COINT CONDITION GIVEN IN PARTICULATED TO THE CONDITION GIVEN IN PARTICULATION TO PERFORM WAS PERFORM TO WAS UNDERLYING CAUSE OF medical examiner)	NTRIBUTING HE TERMINAL TO T	which Operation Mone . PLACE OF INJURY (e.g., i e, form, foctory, street, of	20A. Al Non or obout 2 ffice bldg., II	JTOPSY? (Yes or NO)	O) 20B. IF YES, IN CERTIFYIN	Scular Tes.	GS CONSIDERED
DICAL CERTIFICATION	DISEASES (1 rise to the UNDERLYIN) OTHER SIGNII TO THE DEAD DISEASE OR C 19 A. ACCIDE OR CONTRIBI	OR CONDITIONS, if e abave cause (A) G CONDITION last. II FICANT CONDITIONS COINT CONDITION GIVEN IN PARTICULATED TO THE CONDITION GIVEN IN PARTICULATED TO THE CONDITION GIVEN IN PARTICULATED TO THE CONDITION WAS PERFORMED TO THE CONDITION OF T	Stating The NTRIBUTING HE TERMINAL TO I (A). DITION FOR VIOLEMENT (Hour) 21E. Whi	which operation mone. PLACE OF INJURY (e.g., i	20A. Al	JTOPSY? (Yes or N	ON 208. IF YES, IN CERTIFYIN	VERE FINDING CAUSES O	GS CONSIDERED F DEATH?
MEDICAL CERTIFICATION	DISEASES (rise to the UNDERLYING OTHER SIGNIT TO THE DEA' DISEASE OR COPE OF CONTRIBUTION OF CONTRIBUTION OF INJURY (APPROX.)	PR CONDITIONS, if e abave cause (A) G CONDITION last. FICANT CONDITION SCOTT CONDITION GIVEN IN PARTICIPATION 198. CON WAS PERFORM WAS UNDERLYING DITING CAUSE OF medical examiner) (Month) (Doy) (Year)	NTRIBUTING HE TERMINAL I I I (A). DITION FOR VORMED 21B. hom etc.) (Hour) 21E. Whi	WHICH OPERATION MONE. PLACE OF INJURY (e.g., i e., form, foctory, street, of INJURY OCCURRED INJURY OCCURRED Le At At Work	20A. Al	JTOPSY? (Yes or NO) IC. WHERE DID NJURY OCCUR? IF. HOW DID IN	ON 20B. IF YES, IN CERTIFYIN (If in B OUTPUT OUTPUT	VERE FINDING CAUSES O	GS CONSIDERED F DEATH?
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Restrictions Box 226 Convey H. H. D.J.

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	icate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	Lat a hospital (except where the physician who pronounced death was in regular attendance on the	prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	proval must be obtained before the remains are embalmed or final disposition is made.
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the body was released to the ha

deceased

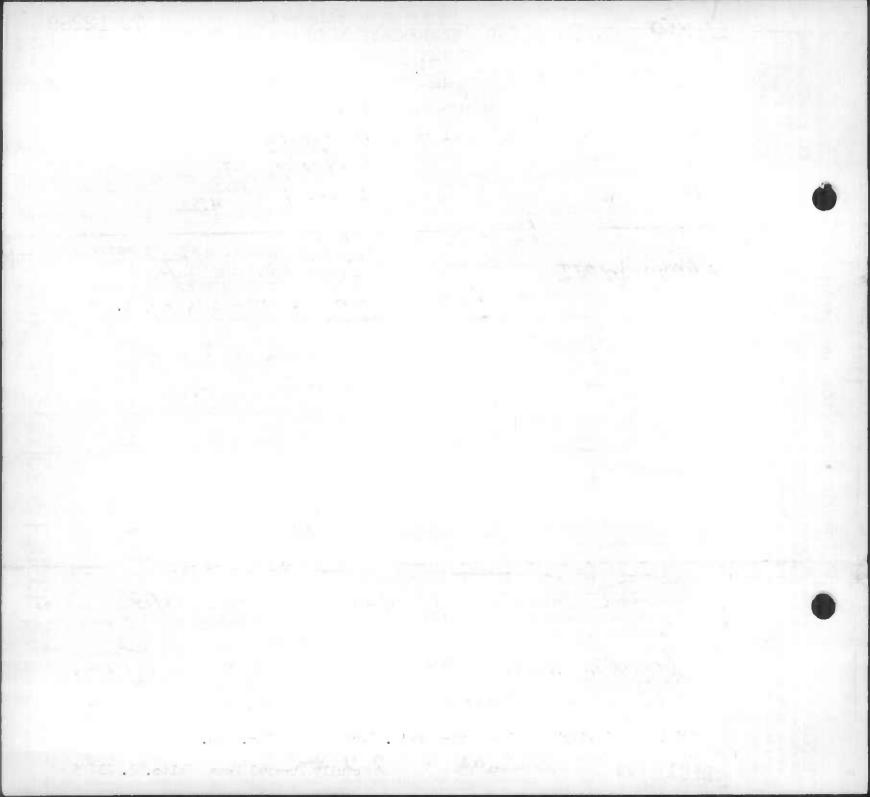
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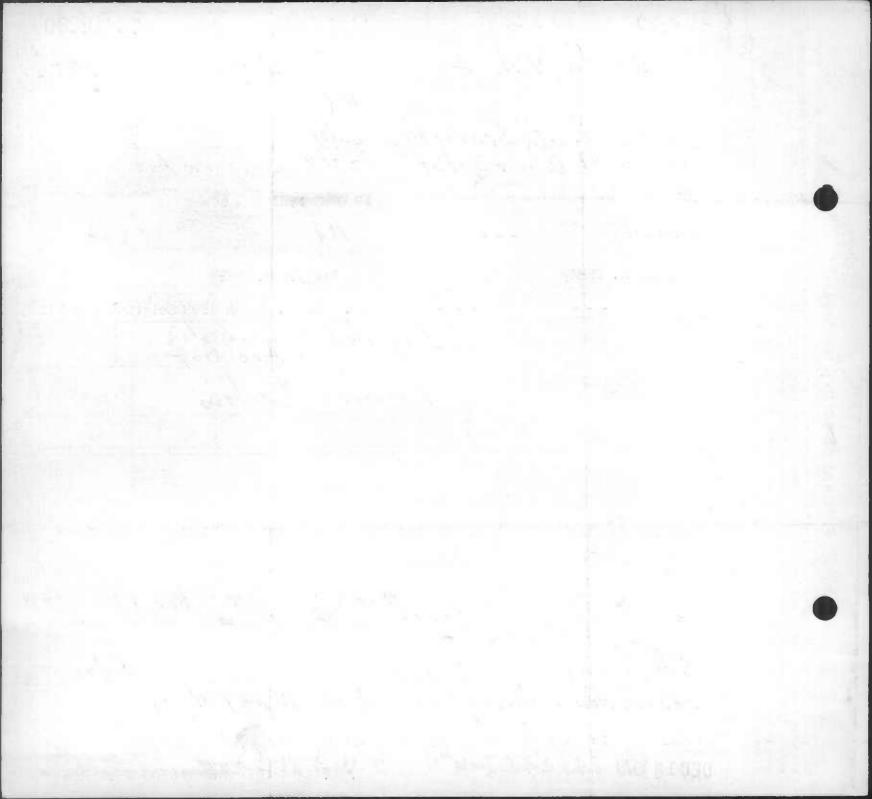
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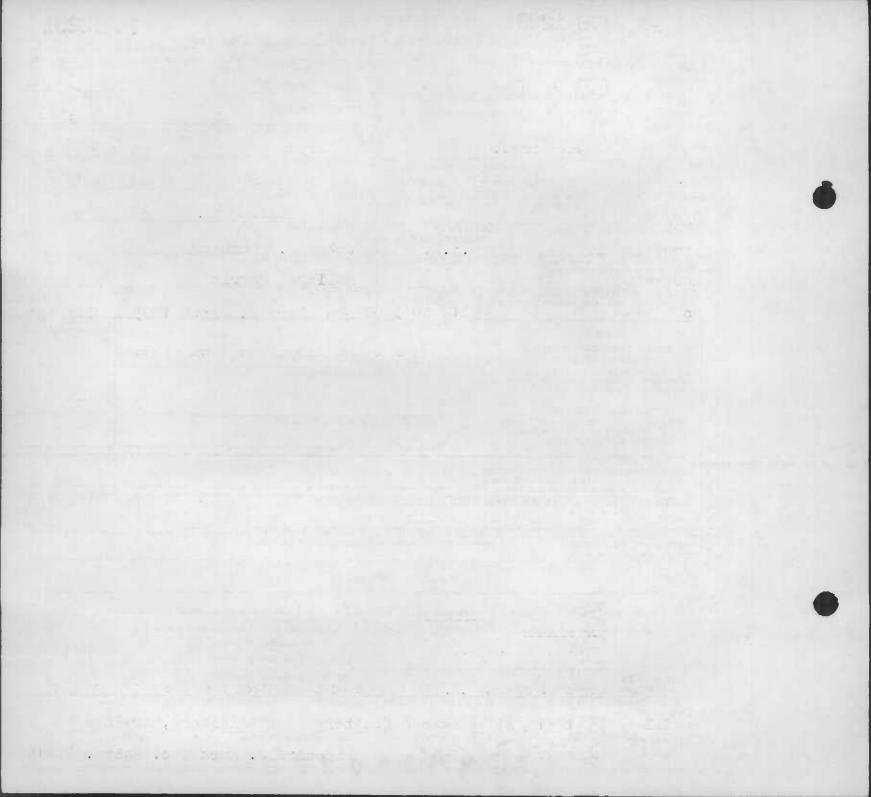
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Olive 4. USUAL RESIDENCE (Where deceased lived, Il institution: tesidence before admission)
A. STATE B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Mo FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? BALtimore Genera NO E. STREET AND NUMBER 5. SEX 6. RACE 9. AGE (In yours If Under 1 Yr. II Under 24 Hrs. Months! Days Hours Min. MARRIED NEVER MARRIED last birthday WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most all working life, even if refired) BALTO. GAS 4 12. CITIZEN OF WHAT COUNTRY? USA Operator ELectric 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Elimm pimer 15. Was Doceased Ever in U. S. Armed Forces? 17. INFORMAN 6. SOCIAL ADDRESS (Yes, no or unknown) (III yes, give wor or dates of service) SECURITY NO. Malcolm L. Dillon 5724 Pope St. unknown 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 1This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury at complication which caused death.) feerfour ANTECEDENT CAUSES (B)______DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yos or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIFI OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR? (Il In Boltimore City, give exact location) MEDICAL DEATH Inotify modical examined 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hous 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At I (APPROX) Work At Work 22. I certify that (i) (this hospital) attended the deceased fram. 19 70 to that (1) (we) last saw the deceased office on_ ond that In(my) (aur) opinion death occurred on the date and have and from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 238 DATE SIGNED Attending 111.0 Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS ISLO DONALD 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY Glen Haven Mem 1. Park Balto. 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25G FUNERAL DIRECTOR Balto . Md . 21225 McCully Funeral Home



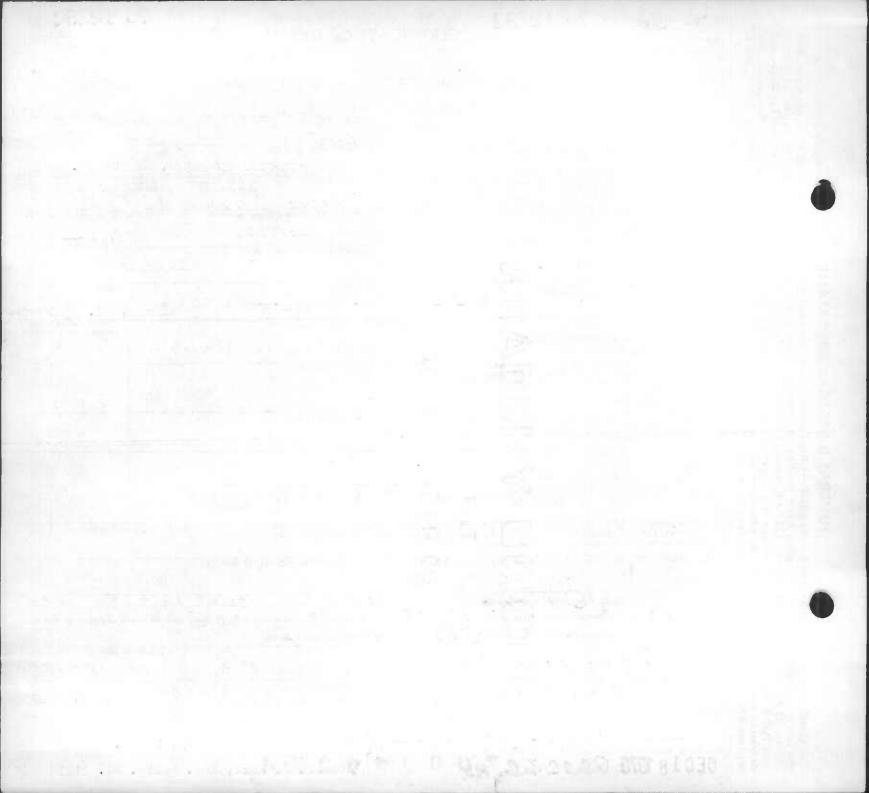
	70 128	BALTIMORE CIT	Y HEALTH DEPARTMENT		MO 4.2000
BI	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	70 12290
	NAME OF DECEASED	1 1	2. DATE AND	HOUR OF DEATH	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PE	CONQUINCED DEAD	12/13	170	ion: residence before admission)
11			A. STATE B. COUNTY	peceosed lived. II institut	ion: residence before admission)
H	OSPITAL OR ADDRESS OR LOCATIONS	NSTITUTION, GIVE STREET	C.CITY OR TOWN	D. INSIDE C	TTY LIMITES
	NS Public Dealth -	Service Hosp	Balto.	YES	_
1	X Wyman Pk Drive	+315+5+	E. STREET AND NUMBER	larave Av	e
	SEX 6. RACE 7. MAR WIDO	WED DIVORCED	10 DEC 1901	AGE (In years If Mo	Under 1 Yr. If Under 24 Hrs. Min.
to.	A. USUAL OCCUPATION (Give kind of work 108, KIN ne during most of working life, even it retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or loreign		CITIZEN OF WHAT COUNTRY?
1	Homemaker -		Md.		USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
15	John W. Kelly		Maggie K.	Buck	
	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or doles of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO		Mr. John J. Sm	ith 2308 Sulg	grave Ave 21209
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT		vascular.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAL	20,000	cident	
	(This does not mean the made of dying, heart failure, asthenia, etc. 11 means the dise		A CONSEQUENCE OF:	1	*****
	ANTECEDENT CAUSES	100	aneric Cien	hasi	
	DISEASES OR CONDITIONS, if any, gi	(8)	A CONSEQUENCE OF:	rosis	
	nise to the above couse (A) stoling UNDERLYING CONDITION lost,	The (C)	A CONSEQUENCE OF:		
z					***************************************
VIIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG NAL			
FICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 2	OB. IF YES, WERE FINDIT	NGS CONSIDERED
CERTIFICATION	WAS PERFORMED			OR IF YES, WERE FINDING CAUSES	OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, all etc.)	n or obout 21 C. WHERE DID injury occur?	(II In Boltimore City,	, give exect locotion)
MEDI	OF INJURY (Month) (Doyl (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
2	(APPROXI	While At Not While	°,□		
	22. I certify that (% (this hospital) attende	ed the decepsed from N	ov 27 19	70 10 Dec	13 19 70
	that (We) lost sow the deceased office	on Hec 13	- 7 <i>i</i>)		death occurred on the date
	and hour and from the causes stated above	e. (第 (We) (加) (did not) vi	lew the bady after death.		
	23A. SIGNATORE	Atta	nding Med. Stoff		DATE SIGNED
	23C. PHYSICIANS	DEGREE Phys.	. Director L. Phys		2/13/70
	NAME (Type)	VENER MA	3D. ADDRESS	R 11 41	
24A	BURIAL CREMATION, 24B. DATE 1246	NAME of CEMETERY OF CRE	MATORY 248, LOCA	Dalto, Md	
	REMOVAL (Specify)			1	n, or county! (Stote)
25A		Loudon Park Ce	metery (Baltir	nore, Maryl	ADDRESS
	DEC 18 1970 Vielland & Fad	Sev. M.Di.	1 1 Canne	Jemmon 6500	
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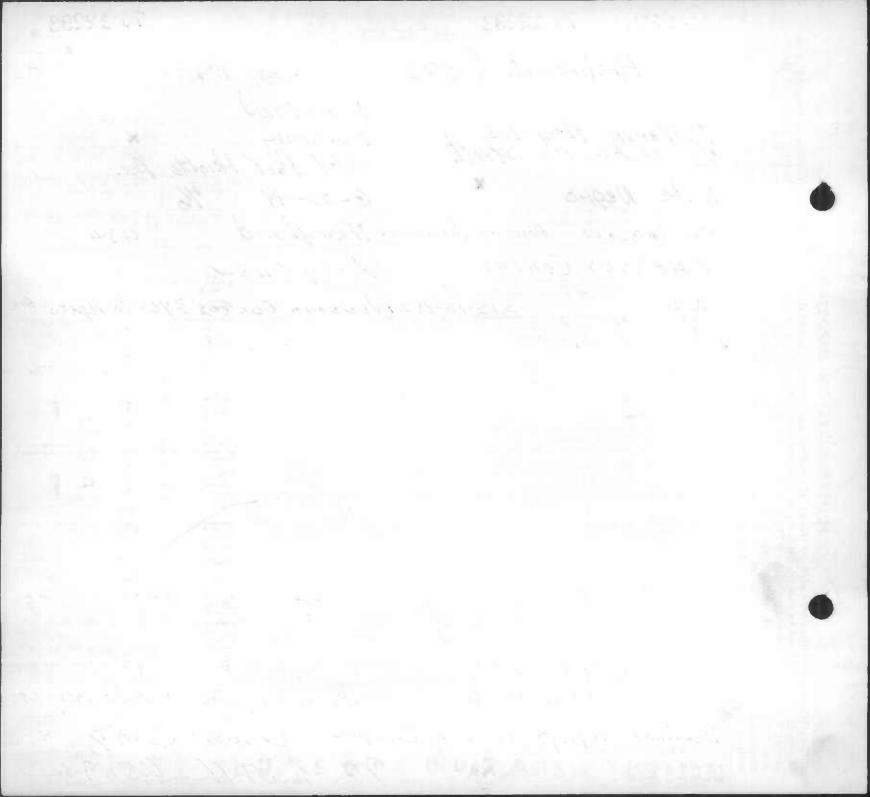
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5-401	MEDICAL	EXAMINER'S	CERTIFI	CATE OF	DEATH	REG NO	, , .	As Automoted a	dis
BIRTH NO.									
1. NAME OF DECEASED (Type or Print)	Daulah Chai	1 - 4 - 4 - 4 - 4	2. DATE	Known 🖾	Month	Doy	Yeor	Hour	
4. PLACE IN BALTIMORE, M		lenberger	DEATH 3. DATE	Estimated		0	Year	Hour	M
	OT IN HOSPITAL OR INSTI		11	UNCED DEAD	Month	Doy			
HOSPITAL ADDE	ESS OR LOCATION)	onon, orve sincer	C NCHALL	PECIDENICE (VA	12	15	70	10:30	- 11
	v. 51		A. STATE	RESIDENCE (Whe		B. COUNTY	n; residence	Delore damis	ion j
	Harcourt Rd.			Maryland		D. INSIDE C	TV HAVES	101	
6. SEX 7. RACE	8. MARRII	Y	C. CITY O			D. INSIDE C	II t LIMII St		
female white				Baltimo	re	Υ	ES 📗	NO L	
P. DATE OF BIRTH	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min.		AND NUMBER					
8/8/04	66			4510 Harc	ourt Rd.				
1. BIRTHPLACE (State or fore	ign country)	2. CITIZEN OF WHAT COUNTRY?	13. FATHE	R'S NAME					
Pennsylvani	a	U.S.A.	Joh		Hornin	g			
4A.USUAL OCCUPATION (Gone during most of working life, e		OF BUSINESS OR INDUSTR	Y 15. MOTH	ER'S MAIDEN NA	AME				
Housewife			Me]	issa H	arris				
6. WAS DECEASED EVER IN Yes, no or unknown) (If yes, give	U.S. ARMED FORCES?	17. SOCIAL SECURITY NO.	18. INFOR	MANT		A	DDRESS		Oal
No	wor or doles or service,		60 Mrs	Alene	S. Wir	t.h. 100	15 K I	Pleasa	
19.		CAUSE OF DEA					A	PPROXIMATE IN	TERVAL
DISTASE OF CON	DITION DIRECTLY								
DISEASE OR CON		Arterio		tic cardi	ovascula	ar dise	ase		
(This does not mean th	mode of dying, e.g.,	DUE TO, OR	AS A CONSE	QUENCE OF:					
heart follure, osthenia, é Injury or complication wi	ich coused death.)								
ANTECEDEN	T CAUSES								
DISEASES OR CONDI	TIONS, IF ANY, GIVING	DUE TO, OR	AS A CONS	EQUENCE OF:					
RISE TO THE ABOVE C	AUSE (A) STATING THE								
Z C C C C C C C C C C C C C C C C C C C	mon that.	(c)							
OTHER SIGNIFICANT CO	II	NG							
TO THE DEATH BUT NO	ONDITIONS CONTRIBUTED TO THE TERMINATE OF THE TERMINATE O								
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UNDERLYING OR CO	NTRIB_	28. PLACE OF INJURY (e.g. ome, farm, factory, street, offi	ce bldg., elc.)	INJURY OCCUR?	(it in pattimon	City, give ex	act tocation)		
TING CAUSE OF DE		122E INTITON OCCUPATION		22F. HOW DID II	NILIBY OCCI	D2			
OF INJURY	(Doy) (Year) (Hour)	WHILE AT NO	T WHILE	ZZI. HOW DID I	NJUKI OCCU	KI			
(APPROX.)	1		WORK						
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1		Inspection X Au							
resulted fram:	Natural couses X	Aceldent Sulci	de L F		Undetermin	ed manner			
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	rner U. Spitz 1248. DATE	M.D. DE	eputy C	hief Medi				2/15/7	
24A. BURIAL CREMATION, REMOVAL (Specify)	Z40. DATE				LOCATION				re)
Burial	12/18/70	Parkwood C	emeter	ТУ	Baltim	ore, Ma	rylai	nd	
25A. DATE REC'D BY HEALT		ME OF REGISTRAR	1	FUNERAL DIREC			DDRESS		
DEC 18 19/1	1 165e & E. J.	RIGINAL RICHARD	T.6	eonard, J	Ruck	Inc.	Balto	212	214



5-536 70 12292 BALTIMORE CITY HEALTH DEPARTMENT	70 12292
CERTIFICATE OF DEATH REG. NO	
NAME OF DECEASED	
Type or Print) 2. DATE AND HOUR OF DEATH 12 - 15 - 16 7	1.15
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If instit	. 6:15 A.
A STATE RECOUNTY	ution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland	2.1701
ULL NAME OF ADDRESS OR LOCATION) IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PARYLAND C. CITY OR TOWN D. INSIDE	CITY LIMITS?
	ES P NO T
Luth eran Hospital of mid. E. STREET AND NUMBER	
BRXXXXXXXXXX 243 N.	Monroe St
SEY (DACE T	
WIDOWED DIVORCED 5-28-04	f Under 1 Yr. II Under 24 Hrs Aonths Doys Hours Min.
DA. USUAL DECUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign countries)	12. CITIZEN DE WHAT COUNTR
bne during most of working life, even if retired) Laborer Maryland	
	C1.5A
14. MOTHER'S MAIDEN NAME	
John G. Snyder Ophelia E	gger
. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
	de le Avenue
Baltim	ore, Md. 21214
18. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving nise to the above cause (A) stating the UNDERLYING CONDITION tast. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	5 days
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 120A. AUTOPSY? (Yes of No.) 120B. IF YES, WERE FINE IN CERTIFYING CAUSE 121A. ACCIDENT WAS UNDERLYING.	DINGS CONSIDERED S OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?	ty, give exact location)
21D-TIME (Month) (Day) (Year) (Hourd 21E INSURY OCCURRED 21E HOW SID INSURED	
Vhile AI Not While I	
22. 1 certify that (1) (this hospital) attended the deceased from 12-12- 1920 to 12	-15 10 ho
	acain accurred an the date
and hour and from the causes stated above. (1) We (did) (did not) view the bady after death.	
	L DATE SIGNED
23C PLYSICIANS (Director Phys. 23C PLYSICIANS (Phys. Director Phys. Phys.	12-15-197
NAME (Type) Advisor D 23D. ADDRESS	achbuston st
7117	consumer st
A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, se	own, or county) (State)
Buriel 12/18/70 Contains	
declysourg, Po	
AN DATE RECO BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
DEC 18 1970 Value E Jake Mb 2 Leonard J. Ruck, Inc. Bal-	

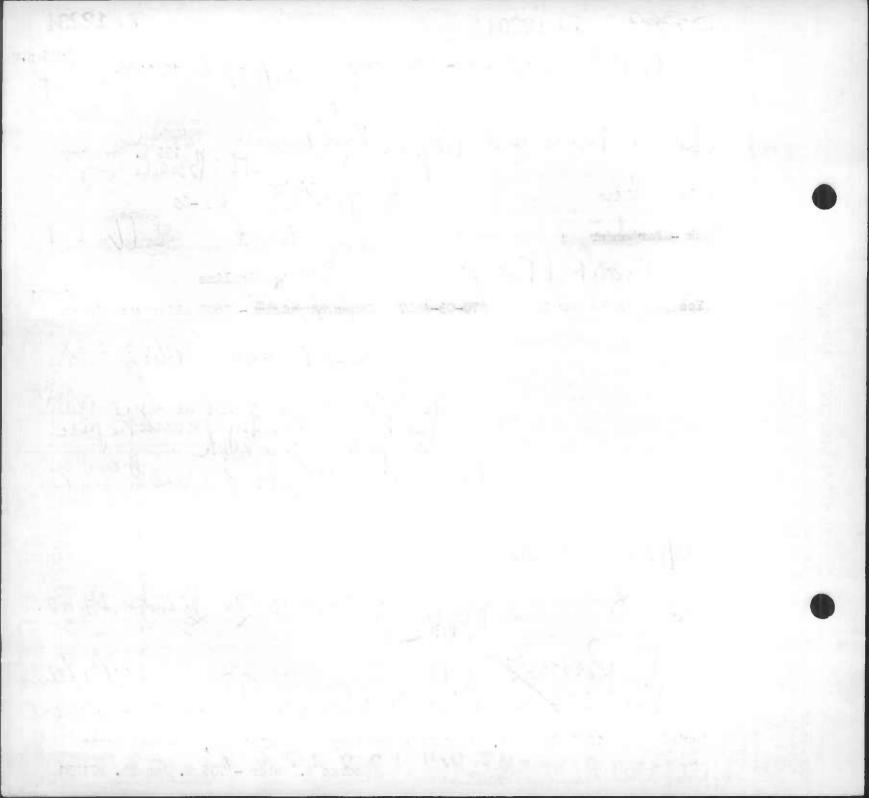


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before A. STATE B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) S. SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCED 10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign countly) 12. CITIZEN OF WHAT 12. CITIZEN OF WHAT 13. DATU DEPARTMENT 14. USUAL RESIDENCE (Where deceased lived, If institution: residence before A. STATE B. COUNTY YES NO 15. SEX 16. RACE 16. MARRIED NEVER MARRIED DIVORCED 16. JEFF ADDRESS OR INDUSTRY 16. BIRTHPLACE (Stole or foreign countly) 17. CITIZEN OF WHAT 18. CITIZEN OF WHAT 18. CITIZEN OF WHAT	o odmission
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO E. STREET AND NUMBER JUDICAL STATE OF MARRIED NEVER MARRIED B. DATE OF BIRTH P. AGE (In yeors location) Industry of Country Months: Doys Hours 10A. USUAL OCCUPATION (Give kind of work 10E, KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT	o odmission
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO E. STREET AND NUMBER ACC. NO ON ON ON ON ON ON ON ON O	12
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO E. STREET AND NUMBER AUC. S. SEX 6. RACE WIDOWED DIVORCED 10A. USUAL O CCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT	12
THE YES NO THE YES NO THE STREET AND NUMBER 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT	ider 24 Hrs
5. SEX 6. RACE WIDOWED DIVORCED 6. RACE WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT	nder 24 Hrs
MARKIED NEVER MARRIED OF BIRTH 19. AGE (In years last birthday) Months Doys Hours 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT	nder 24 Hr
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT	
ormy may be working me, even a reareo)	COUNTR
13. FATHER'S NAME	
CHANGS COMTOS Lucy CHEW	
5. Wos Deceased Eyer in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT	
NA 212-10-1823 LUENIA CONTES 3464 PR. Hans	or B
18. CAUSE OF DEATH APPROXIMATE	INTERVAL
BETWEEN ONSET	
LEADING TO DEATH (A)IMMEDIATE CAUSE (A)IMMEDIATE CAUSE	
head failure, ashenia, etc., Il means the disease.	nthe
injury at complication which caused death.)	
ANTECEDENT CAUSES (B) Caccinoma, porobably ascending col	020
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (B) DUE TO, OR AS A CONSEQUENCE OF:	
11	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	****************
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19B. CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) IN CERTIFYING CAUSES OF DEATH?	
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID II In Beltimore City, give exact legation)	
OR CONTRIBUTING CAUSE OF home, farm, laclory, sireet, affice bldg., INJURY OCCUR?	
21D-TIME (Manth) (Doyl (Yeer) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Work At Work	
22. I certify that (i) (this hospital) attended the deceased fram 12-12 19 10 to 12-17	-10
Ahaa (1) () In	9
and have and from the causes stated above. (i) (We) (did) (did not) view the bady after death.	n the dat
23A-SIGNATURE (23B. DATE SIGNED	
MMy Druke RD Attending Med. Shaff the 12-12	-14
23C. PHYSICIAN'S DEGREE Phys. Director Phys. 23D. ADDRESS	11
NAME (Type) My ung Duck Ro (sutheran hospital 730 achiberts	00 m
4A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREATERY	12:
REMOVAL (Specify) 12-/11/20 BROOKS CHAPEZ (ALUBRICAM)	(Stote)
SA DATE RECED BY UTAL BUILDING	
SECTION PROPERTY SERVICE STATE OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS ADDRESS 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
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(3) (3)	
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be approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death to fany nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased ital (except where the physician who pronounced death was in regular attendance on the ath); and (6) No physician was in regular attendance on the deceased prior to death. Such at be obtained before the remains are embalmed or final disposition is made.	
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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his c now as l ecec	
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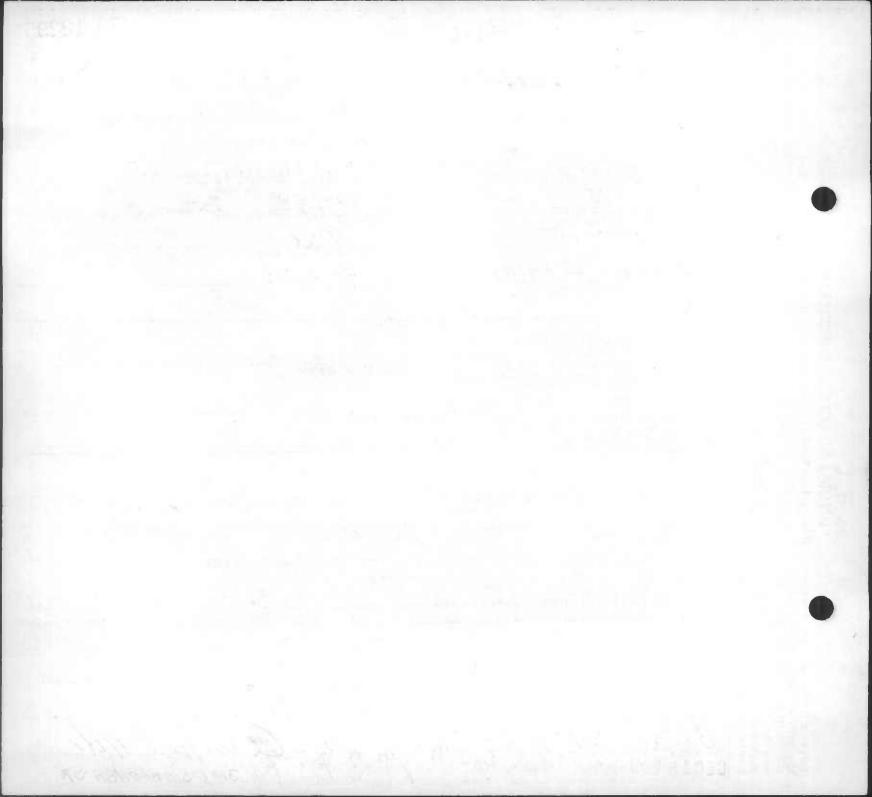
5-360 70 12294 BALTIMORE CITY HEALTH DEPARTMENT 70 12294
S-360 70 12294 CERTIFICATE OF DEATH REG. NO. 70 12294
I, NAME OF DECEASED IN THE PROPERTY OF THE PRO
The A - Peter Stray
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
a. COUNTY
HOSPITAL OR ADDRESS OR LOCATION)
D. INSIDE CIT LIMITS!
Murch Pulme and Miller Street and Number 135 No Broadway
ME Wenth Graduate
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH P. AGE (In years III Under 1 Yr. A Undor 24 H
Male White WIDOWED DIVORCED X 7 5 1770 1005 Divingoy Grand Min.
10A USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of lossing country) 12. CITIZEN OF WHAT COUNT
down coming mes of working me, even it remed)
Cook - Bartender Restaurant 14. Mortier's Maiden NAME
to a k Clare
15. Wos Deceosed Ever in U. S. Armed Forces? Vb. SOCIAL 17. INFORMANT
(Ces, no of unknown) If yes, give wor or dotes of service) V SECURITY NO.
Yes World War II 070-03-4827 James Strycharz - 1602 Aliceanna Street
CAUSE OF DEATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY
This does not moon the made of dying, e.g., (A) IMMEDIATE CAUSE WITH THE WORLD AND THE CAUSE OF THE PROPERTY
heart foilure, asthania, etc. It means the disease.
ANTECEDENT CAUSES
(8) VI AT VERMINE VILATO IN THE TRACT OF THE
DISEASES OR CONDITIONS, if any, giving rise to the above couse IA) storing the
UNDERLYING CONDITION last. (c)
II a complete of terration in
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL SOLUTION OF THE DEATH BUT NOT RELATED TO THE TERMINAL SOLUTION GIVEN IN PART L. (A)
U 19A DATE OF OBSTACL 1909
WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If In Boltimore City, give exect lecotion)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
1 2 2 2 1 1 1 7 2 2 4 1 1 1 1 D
210.TIME (Menth) (Doy) (Yee) (
Work At Work
22. I certify that (this hospital) attended the deceased from 100 May 14 7 19 10 to 100 11 19 7 19 7 19 7 19 7 19 7 19 7 19
that W (we) last saw the deceased alive an 11 19 and that he (my) (and apinion death occurred on the da
and hour and from the causes stated abave. (1) (W.) (did) (did) (div not) view the body after death.
23A. SIGNATURE 23B. DATE SIGNED
Altending Med. Staff Director Phys. Director Phys. 17/4/7
23C. PHYSICIAD'S NAME(IType) 23D. ADDRESS
VICENTE DI VACCUAN CAMPALLE HOMEN & HANGLING
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stole)
Pinni o T 40/40/20 0: 0: 0: 0: 0:
Stantstaus Cemetery Baltimore, Maryland 27222
DEC 18 1970 (256 A. Radio Of REGISTRAR) 255 QUINERAL DIRECTOR George A. Weber - 705 S. Ann St. #21231
VS 150-REV, 1/1/68



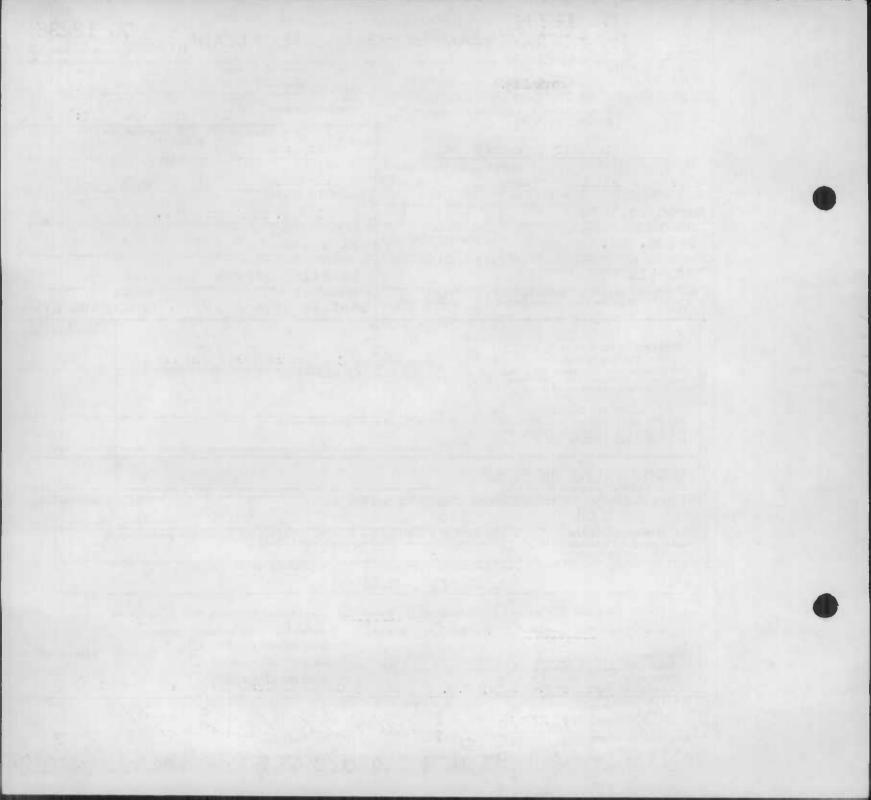
FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	1-252 70 15	PALTIMORE CITY				70 12295
81	RTH NO.	CERTIFICA	TE O	F DEATH	REG. NO	10 15532
	NAME OF DECEASED	. 0		2. DATE A	ND HOUR OF DEATH	1
3	PLACE IN BALTIMORE, MARYLAND, WHERE P	gius Sr,		6	:00 12/	15/70 P. M.
11			A, STATE	B. COUR	ere deceesed lived. II	institution: residence before odenssion)
11 H	OSPITAL OR ADDRESS OR LOCATION	NSTITUTION, GIVE STREET	11/0	1. 1	Baltimo	1801
IIN	STITUTION		C. CITY C	RTOWN	D. IN	SIDE CITY LIMITS?
6	8:1 - + 5	1 . + 1	E. STREE	ANO NUMBER	16	YES NO
12	Mineversely &	Lospital	9	04 WLex	ington	Sto 4 33
5.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE C	F BIRTH	9, AGE (In years lest birthday)	If Under 1 Yr., If Under 24 Hrs., Menths: Doys Heurs Min.
	M WIDO		3/	4/98	7.9	Menths: Doys Heurs Min.
do	LUSUAL OCCUPATION (Give kind of work 108, KIN	ID OF BUSINESS OR INDUSTRY	11. BIRTHI	LACE (Stete or lere	ign country)	12. CITIZEN OF WHAT COUNTRY?
	PORTER Kellrad		4	mel.		USA
13.	FATHER'S NAME		14. MOTH	ER'S MAIDEN NA	ME	9/
	Isaac Liggi	75	EA	nmay		
15. (Ye	Was Deceased Ever in U. S. Armed Ferces? s,ne or unknewn) (If yes, give wer er detes of sen	vice) 6, SOCIAL SECURITY NO.	7. INFOR	MANT		ADDRESS
	Wo	220-07-7731		Pt. x 6	Vife	Some
	18./53.31	CAUSE OF DEATH				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		0		11	V SCHWEN CHOET AND DEATH
	(This does not mean the made of dying,	e.g., (A) IMMEDIATE CAUS		MINCE OF	9 9/ 11/	200 VI
	heart failure, asthenia, etc. It means the dis- injury or camplication which caused death.)	ease,	COMBEGG	LIVE OI.	/	
	ANTECEDENT CAUSES	22				
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS A	CONSEQ	UENCE OF:	*****	************************
	rise to the above cause (A) stating UNDERLYING CONDITION last.	(c)				
	11	(
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMINATE OF TH	NG				
CAT	DISEASE OR CONDITION GIVEN IN PART 1 (A).	*****************		744		************************
CERTIFI	WAS PERFORMED	OR WHICH OPERATION	20A. AL	TOPSY? (Yes er No	IN CERTIFYING CA	FINDINGS CONSIDERED
CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in	er ebout 21	C. WHERE DID	III In Seltimo	re City, give exect lecetion)
CAL	DEATH (natify medical examined	218. PLACE OF INJURY (e.g., in heme, ferm, fectory, street, afficetc.)	ce bldg., It	JURY OCCUR?	in m denimo	e City, give exect lecenon;
-	21 D. TIME (Menth) (Dey) (Yeer) (Heur)	21E, INJURY OCCURRED	21	F. HOW OID INJ	USY OCCUST	
Z	OF INJURY (APPROX.)	While At Net White				
	22. I certify that (I) (this hospital) attend				2	
	that (1) (we) last saw the deceased alive	on Dee 15	10	7 D and al-	9to	1970
	and hour and from the couses stated abov	e. (I) (We) (did) (did not) ula	ou the he	Ju after James	in(my) (dur) api	nian death accurred on the date
	23A. SIGNATURE	10 (17 (110) (110) (110)	W IIIO DO	dy diter death.		238, DATE SIGNED
	B Chan Wa	Alteno	ling [Med. Director	Shoff Phys.	
	23C. PHYSICIAN'S NAME (Type)	DEGREE	D. ADDRE		rnys.	12/13/70
			Will	ensity	Khapita	
24A	BURIAL CREMATION, 248. DATE 24	C. NAME OF COMETERY OF CREM			CATION (G	tr. 1949h. pr county) (State)
R	mul 19/19/20 1	14 Collected	10	no la	adon Il	11 41/1.
25A	DATE REC'D BY HEALTH DEPT. 1258, MAI	VE OF REGISTRAR	289. FU	NERAL DIRECTOR	con la	ADDRESS
P.	C18 1970 Olden E. Jabes	The Control of the Co	Wil	Tiamis F. H	1. 319 1/8/	hrosden St.

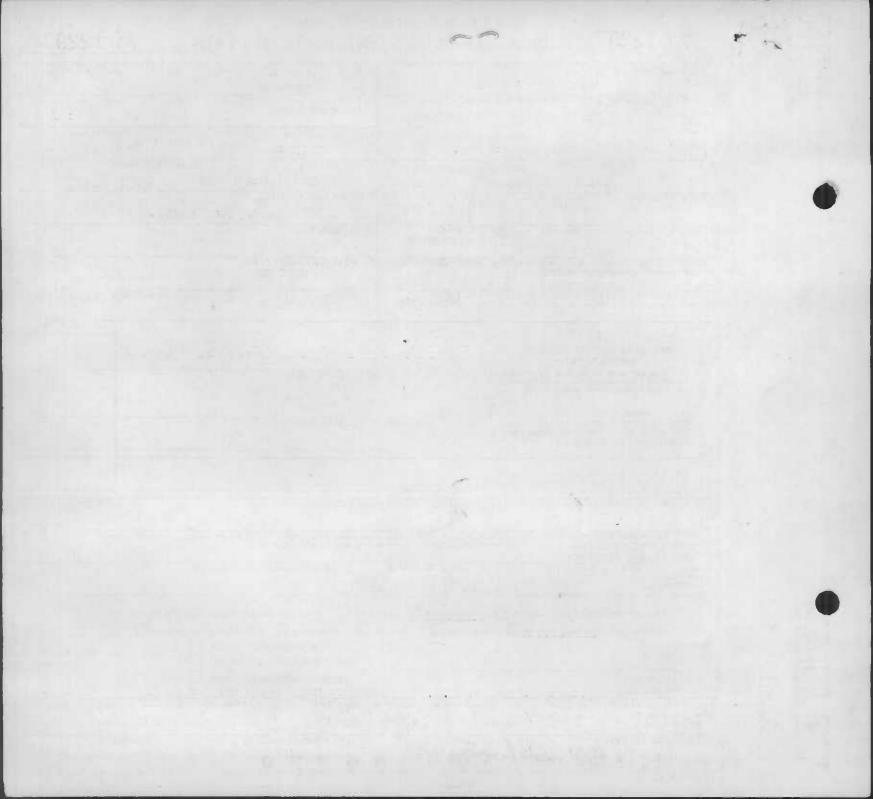


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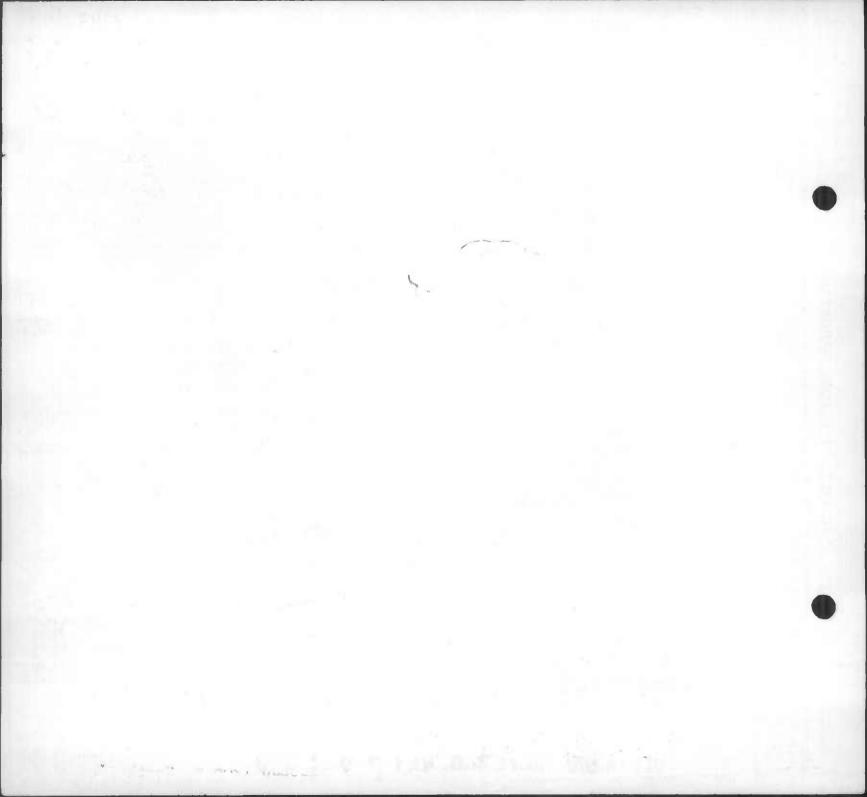
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70 12297 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70 12297
BIRTH NO. 1. NAME OF DECEASED	2. DATE Known & Month Doy Year Hour
(Type or Print) William Farmer	OF DEATH Estimated M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 12 14 70 1:25 p M. 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
1008 Pennsylvania Ave.	A. STATE Maryland B. COUNTY / 703
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male colored widowed Divorced	
9. DATE OF BIRTH 10. AGE (in years of Under 1 Yr. II Under 24 H Months Doys Hours of	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF VA U WHAT COUNTRY?	13. FATHER'S NAME
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUS	77777 MOTHER'S MAIDEN NAME
done during most of working life, even if retired)	Unkonwa
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(II yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	Mrs Carrington, 1357 Wiremont Ave
19. CAUSE OF D	EATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A)IMMEDIATE	osclerotic cardiovascular disease
(This does not mean the made of dying, e.g., heart foliure, asthenia, etc. it means the disease,	OR AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DR AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED [21, AUTOPSY? (Yes or No)
O CONDITION TO EXAMENT 255. CONDITION FOR WHICH OF EXAMENT	no no
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- home, farm, foctory, street, or UTING CAUSE OF DEATH.	g., in or about 22C. WHERE DID (If in Baltimore City, give exact location) ffice bidg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRE	
(APPROX.) m. WHILE AI A	OT WHILE T WORK
23. I certify that I held on Inquiry Inspection X	Autopsy Ond that on this basis, death in my opinion
	cide Homicide Undetermined monner
11000	CHIEF MEDICAL EXAMINER
SIGNATURE WALLS IN THE	A.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINEUS	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Werner U. Spitz, M.D.	Deputy Chief Medical Examiner 12/15/70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETE BUTIAL (Specify) 12/18/70 MT Calvar	ry Cemetry A A County Md
DEC 18 1970 Pale & E. Jakes	25C. FUNERAL DIRECTOR ADDRESS Adolphus Halstead 1206 W N orth
VS 151-REV. 7/1/6B	2 9 2 7 9 Ave



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

70 12298 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	REG. NO. 70 12298
1 NAME OF DEPENDED.	HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where	dedeased lived. If institution; residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN	D. INSIDE CITY LIMITS?
Almon Memorial, Hospital E. STREET AND NUMBER	charles st
WIDOWED DIVORCED 09-26-08 los	AGE (In years If Under 1 Yr., If Under 24 Hrs. Months! Days Heers Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or lareign done during most of working life, even if retired) US Navy Z	Country! 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) VES Tetired US, Acty 16. SOCIAL SECURITY NO. Mrs. John Son	ADDRESS 752 2859
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: The course of the cours	**************************************
DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) slating the	It-bleeding ?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN (IN PART 1 (A).	7.
19A DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A AUTOPSYTY (Yes of No.) 2	OB. IF YES, WERE FINDINGS CONSIDERED N CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CAUSE OF CONTRIBUTION CAUSE OF CAUS	(If in Boltimore City, give exact location)
21D. TIME (Month) (Doyl (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY (APPROX.) While At Work At Work	OCCUR
22. I certify that (1) (this hospital) attended the deceosed from	in (my) (our) opinion death occurred on the date
23A. SIGNATURE LOCAL LOCAL LOCAL LOCAL Attending Med. Shot Director Phys.	23 B. DATE SIGNED
Kath C. FAZEKAS M. DEGREE Union MC	morriel #8%.
24A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY OF CREMATORY 24D. LOCA BURIAL Specifyl 12/19/70 Mt Calvary Cemetry A	
DEC 18 1970 Cobe E. Jacker R. A. Halstead J	L206 W North A'e

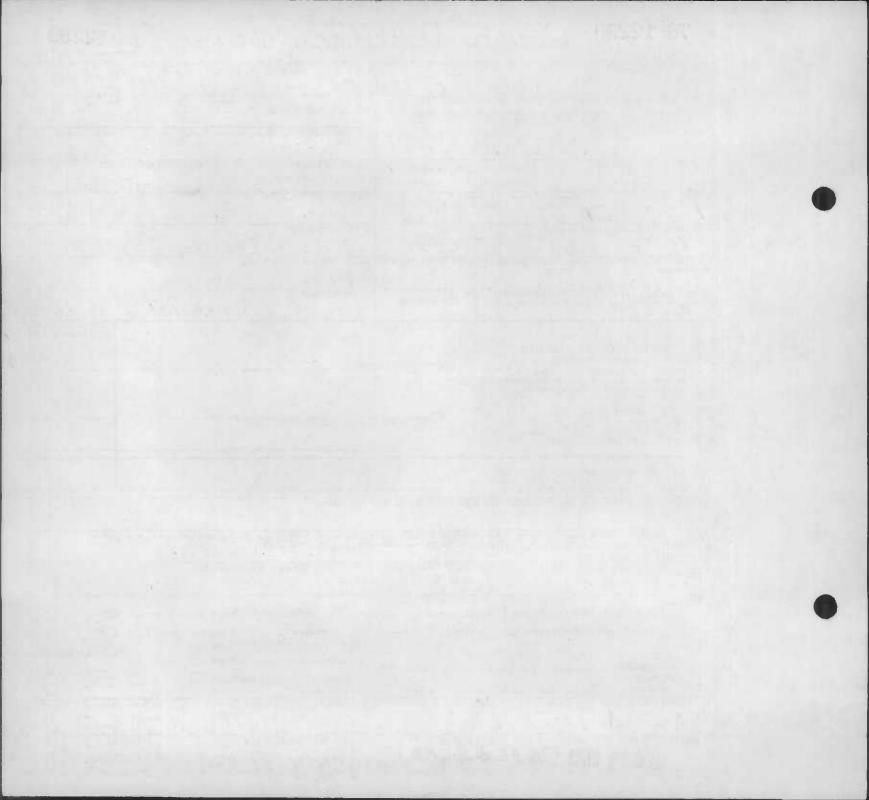


VS 151-REV. 1/1/68

BALTIMORE CITY HEALTH I	JED A DTMEN!

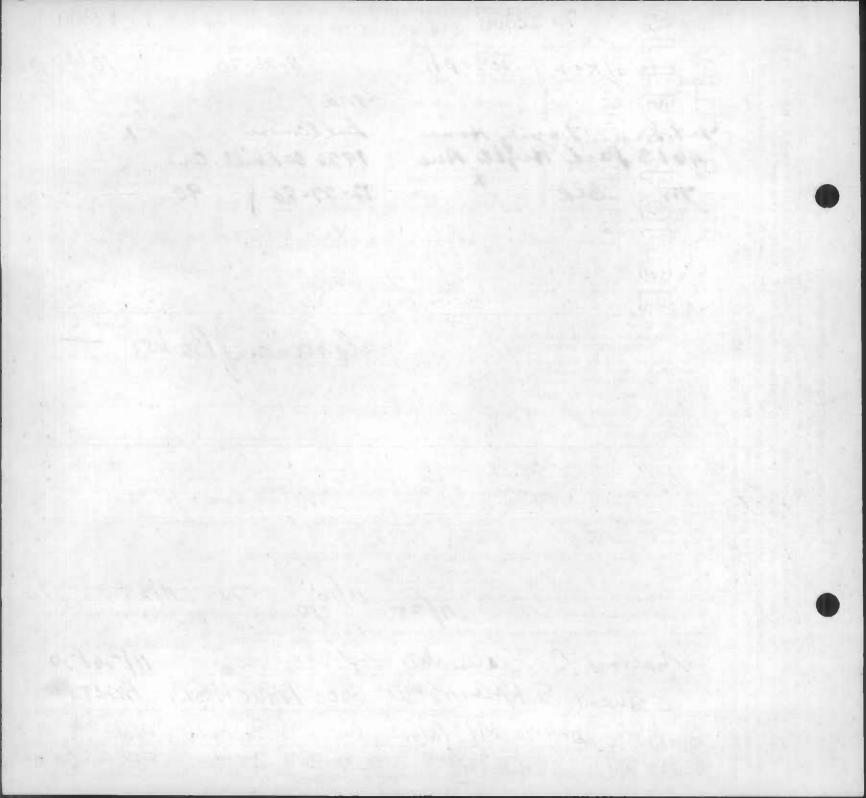
MEDICAL	EVA MAINTEDIC	CEDTIFICATE	0=	DE 1 211
MEDICAL	EXAMINER 5	CERTIFICATE	OF	DEATH

71	0 12299 N	MEDICAL	EXAMINER'S			DEAT	Н	70 1	2299	
BIRTH N							REG. NO			
1. NAM (Type or	e of deceased Print) JESSE	L. JONE	s Tr.	2. DATE OF DEATH	Known Estimated	Month	Day	Year	Hour	44
4. PLAC	E IN BALTIMORE, MARYLAI	ND, WHERE PRO	NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	М.
FULL NAME HOSPITAL	ME OF (IF NOT IN HE ADDRESS OR	OSPITAL OR INSTIT	UTION, GIVE STREET		NCED DEAD	12	16	1970	7:10	Р м.
DI	1510 E. Bi	ddle St.		I A STATE	ryland	e deceosed in	B. COUNTY	on: residence b	7/28	lon)
6. SEX	7. RACE	8. MARRIE	D NEVER MARRIED	C. CITY OR	OWN		D. INSIDE	ITY LIMITS?		
male	negro	WIDOWE	D DIVORCED	E	altimore		,	res 🖺	NO 🗆	
9. DATE	7 9 - /lost b	GE (In years Irthdoy)	f Under 1 Yr. II Under 24 Hrs. lonths, Doys , Hours , Min.		E. Biddle	e St.				
II. BIRTH	IPLACE (State or loreign cour	itry) 1:	Z. CITIZEN OF	13. FATHER'S		T		0.		
4A.USU	AL OCCUPATION (Give kind o	Work 14B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER	S MAIDEN NAM		05	Jr.		
4	NEMPLONE			Flo	rine	R	ce			
	DECEASED EVER IN U.S. A		SECURITY NO.	18. INFORM	ANT FINIO 2	TONIR	5-151	O.L.	3:111-	est
19.	- 076 V		CAUSE OF DEAT	H	, , , , ,	3010 (PROXIMATE INT	
14	DISEASE OR CONDITION	DIRECTLY	,					BETW	EEN ONSET AN	D DEATH
/21	LEADING TO DEAT		(A)IMMEDIATE C	AUSE Shot	gun woun	d of a	bdomen			
he	ils does not mean the mode art follure, asthenia, etc. it mea	ons the diseose,		S A CONSEQU	ENCE OF:					
In	ury or complication which cous	ed de oih.)								
	ANTECEDENT CAUS	ES	(B)							
DI	SEASES OR CONDITIONS, I	F ANY, GIVING	DUE TO, OR	AS A CONSEQ	JENCE OF:		***************************************			
1 01	NDERLYING CONDITION L	AST.	(c)							
<u> </u>	- 11		(0)							
9 10	HER SIGNIFICANT CONDITION THE DEATH BUT NOT RELATE SEASE OR CONDITION GIVEN	ED TO THE TERMIN	AL							
20A.			OR WHICH OPERATION WA	S PERFORME	D			21. AUTO	PSY? (Yes or	No)
								ye		
B MIN	EXTERNAL CAUSE WAS ERLYING TO CONTRIB.	la l	B. PLACE OF INJURY (e.g., 1) me, form, foctory, street, office h ome	bldg, etc.) IN	WHERE DID (If in Baltimor Biddle	-	act location)		
	TIME (Month) (Doy)	(Year) (Hour)	22E.INJURY OCCURRED		HOW DID IN	URY OCCU	IR?			
	ROX.) 12-16-70	7 p m	WHILE AT NOT Y	WHILE ORK	Shot dur	ing ar	gument.			
23.	I certify that I held on	Inquiry 🗀	Inspection Aut	opsy X	and that on th	le boels.	death in my	oninion		
	resulted from: Natural		Accident Suicide		. 🖂 .		ed manner			
					HEF MEDICAL E					
	ACTUAL	m.0.5	1 los		ANT MEDICAL E				DATE SIGN	ED
	SIGNATURE	+ / villa	Caller M.D.							
	EXAMINER'S NAME (Type) Isido	ore Mihal	akis, M.D.	ASSOC	IATE MEDICAL E	XAMINER		12-17	7-70	
24A. BUF	HAL CREMATION. 248. DA		24C. NAME of CEMETERY	or CREMATOR	Y 24D. I	LOCATION	(City, tow	n, or county)	△ (Stote)
REMOV	O (Specify) 12	-1-7-70			/	7/1	+	1 11	1	. h/ a
		SCS- / V			12.	111/	610V	IN.	Laroli	Na
23A. UA	E REC'D BY HEALTH DEPT.		WE OF REGISTRAR	25C. FL	NERAL DIRECTO	R	. 10	DORESS	1/29	N. CI
	DEC 18 1970	Robert E.	Jagoer T. C. I	106	-MIDTI	1-111	Ve1/11	Hime.	Baro	ling &

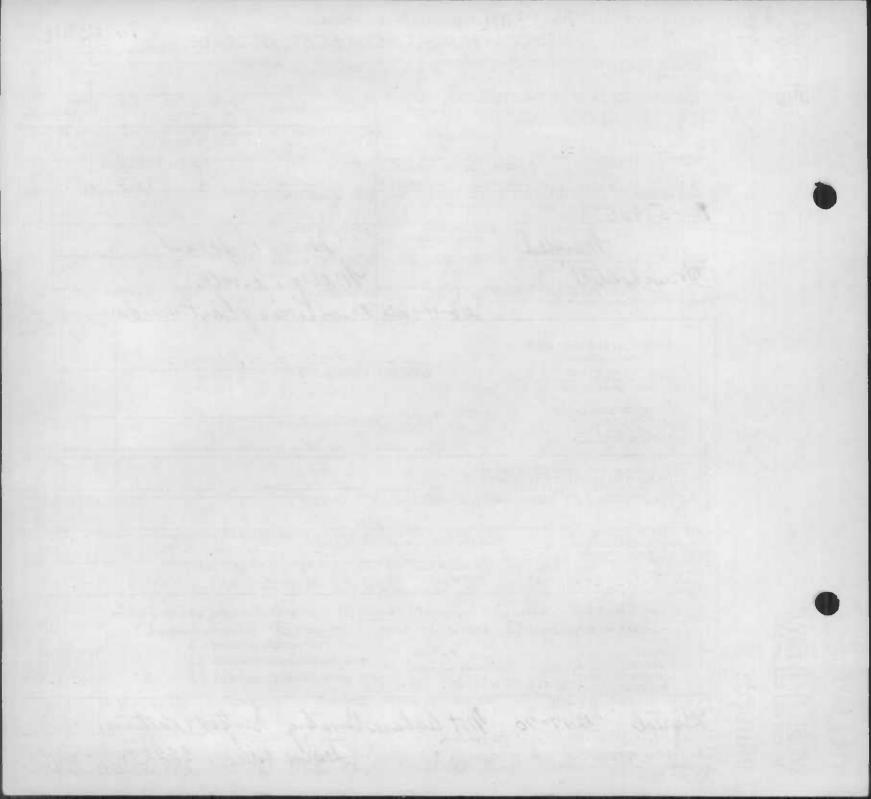


OEC189 VS 150-REV. 1/1/6B

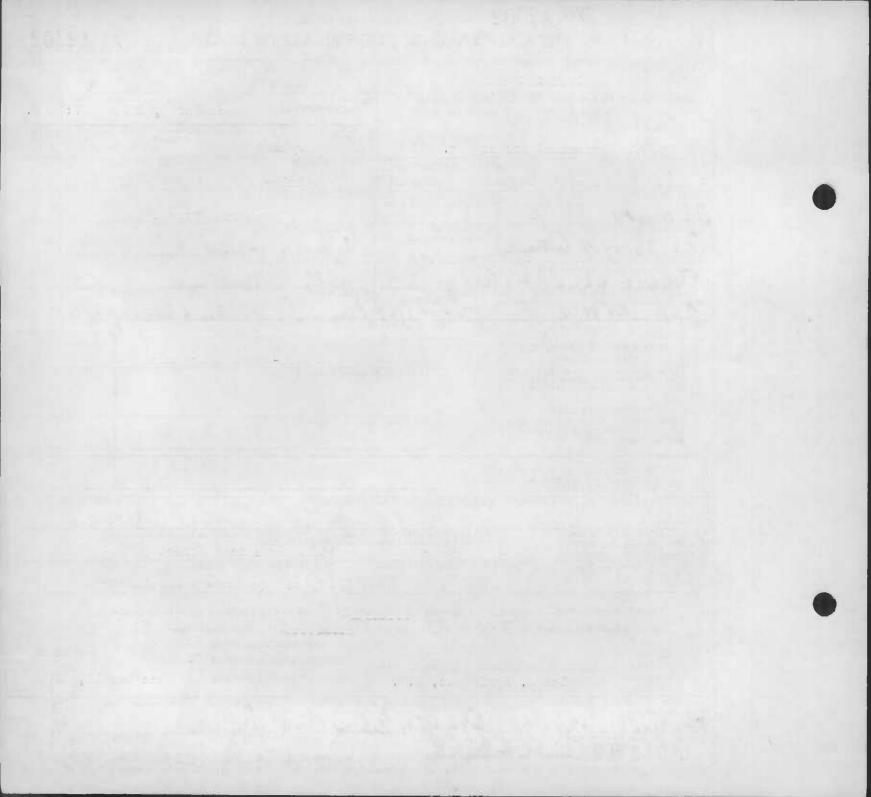
1	1 600 100 400	BALTIMORE CITY	HEALTH DEPARTMENT		70 12300
U	1-126 70 123	CERTIFICA	TE OF DEATH	REG. NO	10 TCOIN
	H NO. AME OF DECEASED		2. DATE AND	HOUR OF DEATH	. ~
(Тур	or Print) Walker, -	Joseph	11-25-	70	10-3 pm.
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNTY		stitution: residence before admission)
	L NAME OF (IF NOT IN HOSPITAL OR II	NSTITUTION, GIVE STREET	md.		408
IN S	SPITAL OR ADDRESS OR LOCATION)	11-	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
9	nx. Sinai nursin	y Home	E. STREET AND NUMBER		YES NO NO
0	4613 Pack Huy	Its Ave.	1926 Oakh	ill ane	,
5. \$1	6. RACE BLK WIDO	RIED NEVER MARRIED DIVORCED DIVORCED		ost birthdoy 90	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
done	during most of working life, even if retired)		New Verd	504	Uset
13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
,d	losenh Walker		Vicanio	Walker	
15. V	vos Deceosed Ever in U. S. Armed Forces?	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
(105	A A	215-14-8998	Mrs May Gho	1der 502	N. Calhoun St
	18. /	CAUSE OF DEAT		0 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		0	1/2.	1-4
	LEADING TO DEATH	(A) IMMEDIATE CAL	ISE Caranon	4/10/	a C
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dis	eose, DUE TO, OR AS	A CONSEQUENCE OF:	1)	
	injury or camplication which caused death.)				
	ANTECEDENT CAUSES	(B)	A CONSEQUENCE OF:		
	nise to the above couse (A) stating	,,,,,,,,			
	UNDERLYING CONDITION last.	(c)			
z		ING			
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
CERTIFICA	19A-DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or about 21 C. WHERE DID	(If in Battimo	re City, give exoct focotion)
CAL	DEATH (notify medical exominer)	etc.)		•	
ш	21 D. TIME (Month) (Doy) (Year) (Hour		21 F. HOW DID INJU	JRY OCCUR?	
2	(APPROX.)	While At Work Not Whi At Work			11 - 7
	22. I certify that (1) (this haspital) atten	ded the deceased fram	11/16	9 10 to 11	1/2) 19/0.
	that (1) (we) last saw the deceased alive	e an /// 25	19 / O and the	it in(my) (aur) api	inian death accurred an the date
	and haur and fram the causes stated abo	ve. (1) (We) (did) (did nat)	view the bady after death.		
	23A. SIGNATURE	1.11. 6		S U	23B, DATE SIGNED
	/ hacould /dr/h	ALLICO TO Phy	ys. Director	Staff Phys.	11/16/10
1	28C. PHYSICIAN'S NAME (Type)	ALLING MID	6000 PARC	r Hta A	- BALTAMA
	EELWard 2.17	DEGREE		(115108	1311110
244	REMOVAL (Specily)	M.I a			(Stote)
	BUESG1 12-4-76	117 Cal4004		rcolly	ADDRESS
254	DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25G. FUNERAL DIRECTOR	yer	5127. Carrolltonane
	THE REPORT OF A STATE	all and a last and a last a la	- 1 0 m		



0	D-un		70 :	1530	1 BALTI	MORE CITY HE	ALTH DEPA	RTMENT			70. 1	2301
2	RTH NO.		MED	ICAL	EXAM	IINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	1	COUL
T.	NAME OF DE	ECEASED	GENE	VA PC	WELL		2. DATE OF DEATH	Known Estimated	Month	Doy	Year	Hour M.
[[PLACE IN BA						3. DATE	UNCED DEAD	Month	Doy	Year	Hour
HC	LL NAME OF ISPITAL INSTITUTION	ADDR	OT IN HOSPITA	TION)	HUHON, GIV	E STREET			12	13	1970	10:25 &
0	814	George	St.				A. STATE	ESIDENCE (Where	e deceased li	B. COUNTY	12	efore admission)
0.	SEX	7. RACE		8. MARRI	-	R MARRIED	C. CITY OR			D. INSIDE C	ITY LIMITS?	
9.	female	neg	ro	WIDOW		DIVORCED	III.	Baltimore		Y	ES N	10 🗆
2	PC51	905	lost birthdo		Months Days	Hours Min.		4 George	St.			
11.	BIRTHPLACE	(State or forei	ign country)	1	2. CITIZEN WHAT CO	OF DUNTRY?	13. FATHER	S NAME	000	mad		
144	USUAL OCC	UPATION (GI	yany (a.	14B, KIND	OF BUSINES	S OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA		nes		
don	dyring most of	working life/e	ven ifretired)				In	11/1/2	142/1	0		
	WAS DECEAS						18. INFORM	MANY	vec	Α Α	DDRESS	-
(10	I, no or u nknawi	n) (II yes, give	war or dates	of service)	9/6	URITY NO.	min	LINEAU	O has	t 4118	BALLE	xuta Di
	19.	168	V		100 10	CAUSE OF DEA	TH	()	7	,,,,,,,		ROXIMATE INTERVAL EN ONSET AND DEATH
	DISEA	SE OR CONI	OMON DIRE	CTLY							oci we	EN ONSEI AND DEATH
	(This does	LEADING TO						angulatio	n, liga	ature		
	heart follur	noi meon the e, asthenia, et implication wh	c. II means the	disease,		DUE TO, OR	AS A CONSEQ	UENCE OF:				
		mpricotion with	icii coosca go	,,,,,								
		OR CONDITI		GIVING		(B) DUE TO, OR	AS A CONSE	DIIENCE OF				
	RISE TO TH	IE ABOVE CA	LUSE (A) STAT	ING THE			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	TOLINGE OI.				
0						(c)						
CERTIFICATION	TO THE DE	NIFICANT CO	T RELATED TO	THE TERMI	NG NAL							-
CERT	20A. DATE O	OF OPERATIO	N 208. CON	IDITION F	OR WHICH	OPERATION W	AS PERFORM	ED			21. AUTOP	SY? (Yes or No)
EDICA	22A. EXTER UNDERLYING UTING □ C		TRIB-	2 h	ome, tarm, ta	F INJURY (e.g., clory, street, office home	In or obout 2 bldg., etc.) it	2C. WHERE DID (URY OCCUR? 814Geor)		e City, give ex	ect location)	
			Doy) (Year) (Hour)	22E.INJU	TY OCCURRED	2	2F. HOW DID IN.		JR?		
	(APPROX.)	12-13-	70 2:	30 a,	WHILE AT	TON NOT	WHILE X	Strangle	d by u	nknown a	assaila	nt.
	23. 1 cer	ulfy that I h	eld on I	quiry [Inspec	tion Au	topsy 🔀	and that on th	ils basis.	death in my	opinion	
	resul	Ited from: N	loturol cau:	ses 🗌	Accident	Sufeta	le Ho	- Lond		ned manner [_	
			()	77/	2 17			HIEF MEDICAL E				
	SIGNAT		111	Mha	EdisV	M.D	ASSIS	STANT MEDICAL E	XAMINER	$\overline{\mathbf{x}}$	D	ATE SIGNED
	EXAMIN NAME (Isidor	e Mih	alakis			CIATE MEDICAL E	XAMINER			12-14-70
REI	A. BURIAL CRE	MATION,	248. DATE		24C. NAME	of CEMETERY	or CREMATO	RY 240,	LOCATION	(City, town	, or county)	(State)
25/	Dured	BY HEALTH	12-17-	70	ME OF STO	Culus	n Cena	releng A.	when		tenion)	Ind.
237	OF O	O HEALIH		258. NA		131KAK	25C. F	UNERAL DIRECTO	OR /	BADA	DDRESS	with
vs	DEC 18	8 970	Palle R.	S Roll	E, ATA	1	0 19	RYAKAN	nes	1341	Tib!	mils



BIRTH NO.			YAAAINE	D'C CEI	DTIFI	CATEO	F DEAT	ru	7	, 12302
	771201	CAL L	\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	IN O CLI	X I II I	CAILO	DLA	REG. N	10.	1 140004
I. NAME OF DECEASED	LARENCE	JONES			DATE OF	Known []	Month	Doy	Year	
4. PLACE IN BALTIMORE, MA	RYLAND, WI	HERE PRONC	DUNCED DEAD		DEATH		Month	Day	Yeo	Hour
FULL NAME OF (IF NO HOSPITAL ADDRE	T IN HOSPITAL	OR INSTITUTION)	ON, GIVE STREET			INCED DEAD		mber 9		9:20 P.
000 1605 Hom				2 A.	STATE	Marylano		B. COUNT	Y	907
6. SEX 7. RACE		8. MARRIED	NEVER MAR	RIED C.	CITY OR	TOWN		D. INSIDE	CITY LIMITS	53
Male Neg	ro	WIDOWED [DIVOR	CED 🔲		Baltimon	:e		YES X	NO 🗆
9. DATE OF BIRTH THE STATE OF BIRTH THE STAT	wind of work length of the state of the stat	Mont 12. C V 48. KIND OF I FORCES? i service)	17. SOCIAL SECURITY 7.04-14-1CAUSE	Min. 13. 13. 15. 15. 18.	MOTHER MOTHER INFORMATION	tie Wr B Loui	Inea AME ringle e 29	0294	ADDRESS - Lafe	EASTE LINE ASTROXIMATE INTERVA TWEEN ONSET AND DE
DISEASES OR CONDITION RISE TO THE ABOVE CAN UNDERLYING CONDITION C	II	NG THE	(B) DUE	TO, OR AS A	CONSEC	QUENCE OF:				
UNDERLYING CONDITI	USE (A) STATI	NTRIBUTING HE TERMINAL TI (A)-	(c)						21. AU	OPSY? (Yes or No)
OTHER SIGNIFICANT CONDITION OTHER SIGNIFICAN	USE (A) STATI- ION LAST. II NDITIONS CO. RELATED TO TO GIVEN IN PAF V 208. CONII WAS IRIB.	NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR 1 22B. F home	WHICH OPERA PLACE OF INJU Home ZEINJURY OCC WHILE AT	TION WAS P JRY(e.g., In o reet, office bld	r obout 2:	ED	NJURY OCC	Street	exact location	Yes



NOT WHILE -

Autopsy

AT WORK

Suicide

24C. NAME of CEMETERY or CREMATORY

22F. HOW DID INJURY OCCUR?

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

24D. LOCATION

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

Homicide

and that on this basis, death in my opinion

Undetermined manner

(City, town, or county)

ADDRESS

DATE SIGNED

(Stote)

2/22

22D. TIME (Month)

ACTUAL

24A. BURIAL CREMATION,

REMOVAL (Specify)

VS 151-REV. 1/1/68

SIGNATURE_ EXAMINER'S

NAME (Type)

25A. DATE REC'D BY HEALTH DEPT.

OF INJURY

(APPROX.)

(Doy)

I certify that I held an Inquiry

24B. DATE

resulted from: Natural causes

(Year)

Isidore Mihalakis,

(Hour) 22E.INJURY OCCURRED

Inspection X

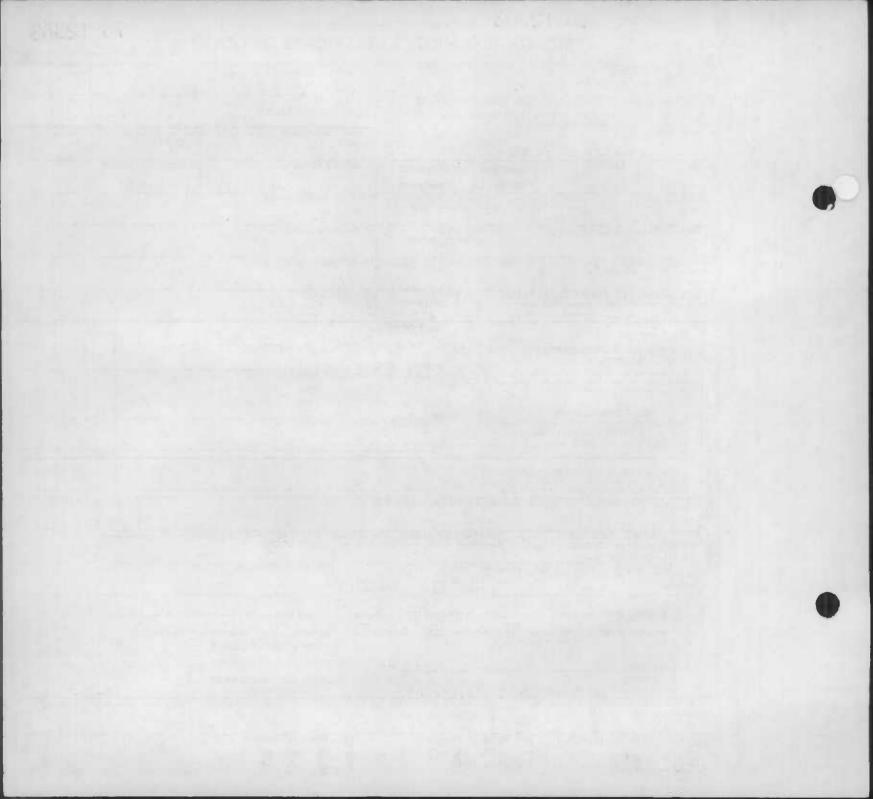
M.D

WHILE AT

Accident

258. NAME OF REGISTRAR

m. WORK

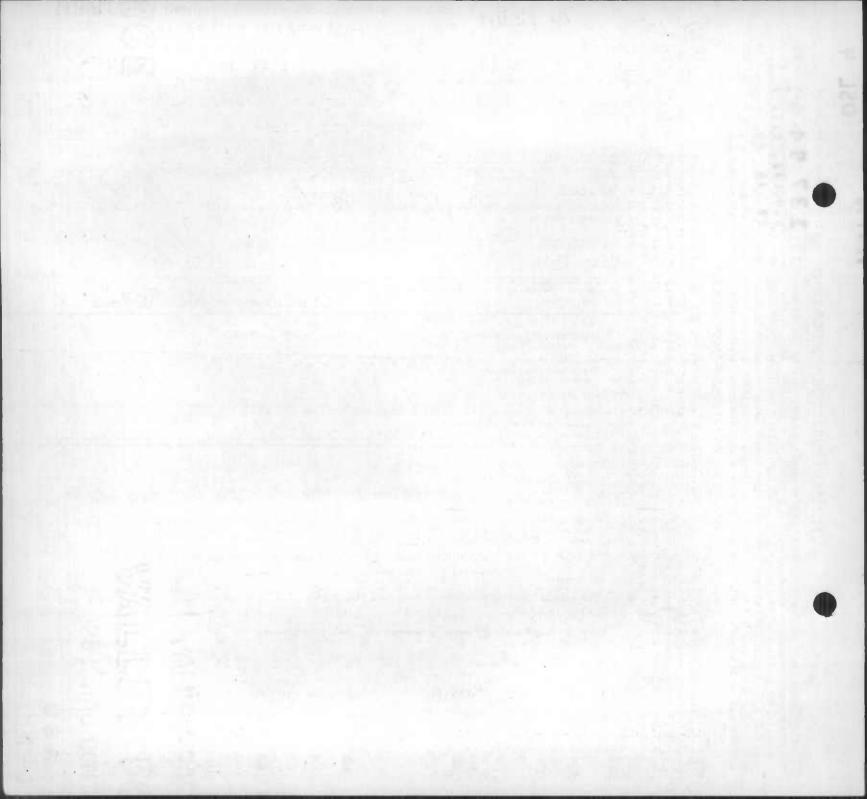


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OSL

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
--

BIRTH NO.	2 70 123	CERTIFICA	TE OF DEATH X REG. NO	
I, NAME OF DEC	_	HULTZ	2. DATE AND HOUR OF DEA	8 145 A
3. PLACE IN BAL	TIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. A, STATE B, COUNTY	If institution; residence before admission
ULL NAME OF	(IF NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	Maryland Anne Art	
NSTITUTION	ADDRESS ON ECCATION		Annapolis	YES NO NO
3 The	Johns Hopkins H	osni tal	E. STREET AND NUMBER 4 Porter Drive	
SEX			8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 H
Female	White WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	9/15/99 lost birthdoy 7]	Months Days Hours Min.
	UPATION (Give kind of work 10B, KIN working lile, even if retired)		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNT
Homemak		wn Home	Belair, Md.	U.S.A.
3. FATHER'S NA			14. MOTHER'S MAIDEN NAME	
	Harry Pyle		Lilly Mae Jeffrey	
	Ever in U. S. Armed Forces? (If yes, give wor or dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT No Hollomon-Brown Fun	orfolk. Va. 2350L
DISEASES CONTRIBUTION OF THE DEAT OF THE D	WAS PERFORMED NT WAS UNDERLYING UTING CAUSE OF	ING NAL 21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	in or obout 21C. WHERE DID (If in Bol	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
DEATH (notify	medical examined NO	etc.)		
OF INJURY	(Month) (Doy) (Yeor) (Hour)	While At Not White Work Not Work		
(ATTRONI			12-6 19 70 10	12-17 1970
22. I certify that ((we) and hour and	that () (this haspital) attended to the lost saw the deceased olive d from the causes stated about the cause stated about the	on 12-17	19 76 and that in (m) (aux)	-apinian deoth occurred on the d
22. I certify that (We) and hour and 23A. SIGNATU	lost saw the deceased olive d from the causes stated about HE Lul	on 12-17	19 7 and that in (m) (we) view the bady after death. ending Med. Shaff Phys.	
22. I certify that ((we) and hour and	lost saw the deceased olive d from the causes stated about JRE JULIANTS	on 12-17 ve. (1) (We) (did) (did not) Low Month Amplitude Physics RUBIN	19 70 and that in (m) (out) view the bady after death. ending Med. Shaff	23B. DATE SIGNED
22. I certify that (1) (we) and hour and 23A, SIGNATU 23C. PHYSICIA NAME IT	Jost saw the deceased olive d from the causes stated about the causes stated a	ve. (1) (We) (did) (did not) Mb DEGREE Phy	19 76 and that in (17) (18) view the bady after death. ending Med. Shaff Phys. B 23D. ADDRESS JOHNS HONGIN HO	23B. DATE SIGNED
22. I certify that (1) (we) and hour and 23A. SIGNATU	Jost saw the deceased olive d from the causes stated about the cause of the causes stated about the ca	On. 12-17 Ve. (1) (We) (did) (did not) DEGREE Phy RUB IN	19 76 and that in (17) (18) view the bady after death. ending Med. Shaff Phys. B 23D. ADDRESS JOHNS HONGIN HO	238, DATE SIGNED 12-17-40



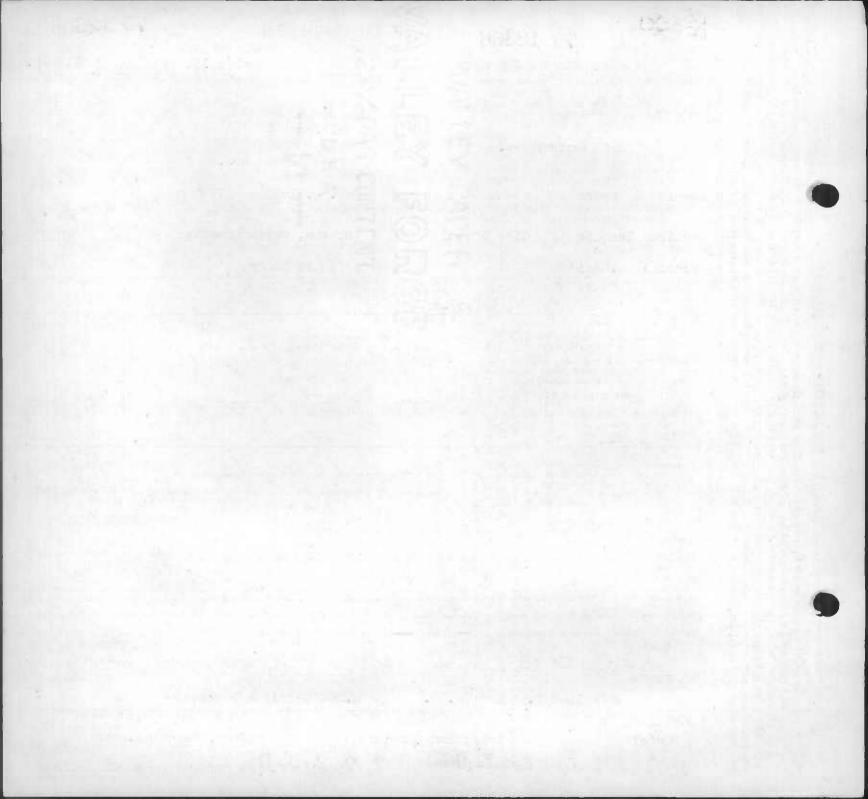
70 12305 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINED'S CERTIFICATE OF DEATH

7-125	MED	CAL F	XAMINER'S	CERTIFICATE OF DEATH REG. NO. 70 12305
BIRTH NO.	7 1 1 1 2		A THIN TER O	REG. NO.
NAME OF DEC		JANE GIB	BSON	2. DATE Known DX Month Day Year Hour
PLACE IN BAL	TIMORE, MARYLAND, Y			DEATH Estimated December 9, 1970 M. 3. DATE Month Dov Year Hour
ULL NAME OF OSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUT		PRONOUNCED DEAD December 9, 1970 5:15 P. M. 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
00	1704 Druid Hi	111 Aven	ue	A STATE B. COUNTY 4/1
. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female	Negro	WIDOWED [Baltimore YES X NO C
DATE OF BIRTH	H 10. AGE (li lost birthda		nder 1 Yr. II Under 24 Hrs. ths: Days Haurs Min.	E. STREET AND NUMBER 1704 Druid Hill Avenue
	co. Md.		CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Unknown
A.USUAL OCCU	PATION (Give kind of work vorking life, even if retired)	14B. KIND OF	BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
Domes	tic			Unknown
es, no or unknown)	ED EVER IN U.S. ARMED	FORCES? of service)	17. SOCIAL SECURITY NO.	Gwendolyn Taylor, 3431 Dupont Ave.
19.	2.22.		CAUSE OF DEAT	H APPROXIMATE INTERVAL
(This does no heart failure, injury ar com	E OR CONDITION DIRECT LEADING TO DEATH of meon the mode of dy osthenia, etc. It meons the application which caused decontraction with the caused decontraction which caused decontraction decontracti	ing, e.g.,	(A)IMMEDIATE C	erotic cardiovascular disease AUSE S A CONSEQUENCE OF:
DISEASES O	OR CONDITIONS, IF ANY E ABOVE CAUSE (A) STAT NG CONDITION LAST.	, GIVING TING THE *	(c)	AS A CONSEQUENCE OF:
I TO THE DEA	II IIFICANT CONDITIONS CO ATH BUT NOT RELATED TO CONDITION GIVEN IN PA	THE TERMINAL		
			WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
				No
UNDERLYING	NAL CAUSE WAS OR CONTRIB- USE OF DEATH,	228. I home	PLACE OF INJURY (e.g., I form, foctory, street, office	n or obout 22C. WHERE DID (If in Boltimore City, give exact location) bldg., etc.) INJURY OCCUR?
22D. TIME (OF INJURY (APPROX.)	Manth) (Day) (Year		ZEJNJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	Ify that I held on I		Inspection X Aut	
ACTUAL SIGNATU EXAMINE	URE Charles	J. 3	Suicident Suicident M.D.	Homicide Undetermined monner C CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER December 10, 1970
NAME (T) 4A. BURIAL CREM EMOVAL (Specific Burial	AATION, 248. DATE	240	C.NAME of CEMETERY or rbutus Mem.	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
DEC181	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS K.H. law 4609 Park Heights Ave.
151-REV. 3/1/68				·

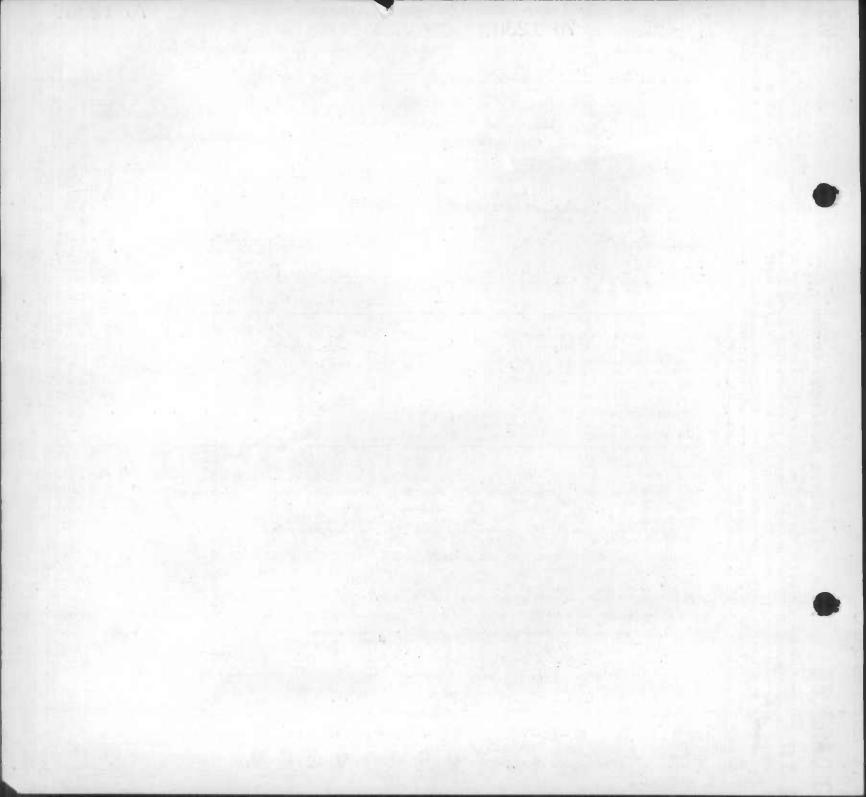
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	Written approval must be obtained before the remains are embanned of mild disposition is made.
This certific	the body w	was D.O.A.	deceased p	written app

BALTIMORE CITY HEALTH DEPARTMENT	
#-300 70 12306 CERTIFICATE OF DEATH REG. NO. 70 12306	_
1. NAME OF DECEASED (Type or Print) FRANCES MARION REID 2. DATE AND HOUR OF DEATH December 13, 1970 2:30 p.	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission and the state of the	n)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN Baltimore YES NO	_
2563 Arunah Ave. E. STREET AND NUMBER 2563 Arunah Ave.	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 H	15.
Female Negro WIDOWED DIVORCED Feb. 2, 1893 Oost birthdoy) Months Doys Hours Min.	
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT	RY?
Retired Teacher City School Boston, Massachusetts 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Winfield S. Reid Fannie Lance	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS	-
(Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO.	
NO 214-40-4808 APPROXIMATE INTERVAL	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthenio, etc., it means the disease,	
injury ar camplication which caused deoth.)	
ANTECEDENT CAUSES (B) Len. Orteniosclerosco Matrico	-
DISEASES OR CONDITIONS, if any, giving Trise to the above cause (A) stating the UNDERLYING CONDITION tost. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimare City, give exact lacotion long, lorm, loctory, street, office bldg., DEATH (notify medical examiner)	
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work 21E, INJURY OCCURRED	
22. I certify that (1) (this haspital) attended the deceased from Like 22 1969 to Dec. 13 1920	,
that (I) (we) last saw the deceased alive an	ate
and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death.	
23A, SIGNATURE 23B, DATE SIGNED Attending [7] Med. Swiff [7]	
Follow Degree Phys. Director Phys. 17/18/70	
23C. PHYSICIAN'S NAME (Type)	
Roland T. Smoot M. D. 2300 Garrison Boulevard	
24A. BURIAL CREMATION, REMOVAL (Specily) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)	
Burial Evergreen Cemetery Boston, Massachusetts	
DEC 18 10 10 10 10 10 10 10 10 10 10 10 10 10	Ave
10 100 BEV 1/1/10	



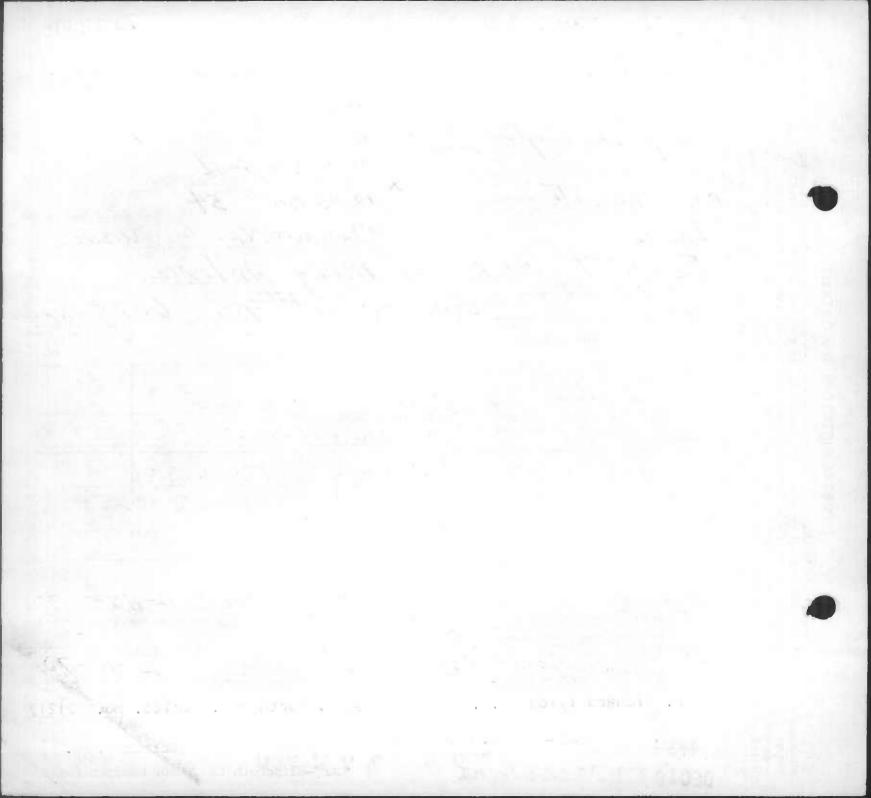
P	70 12307 CERTIFICATE OF DEATH REG. NO.
pital and of death Deceased te on the ath. Such	1. NAME OF DECEASED M. (Type or Print) FVA Nichalson 2. DATE AND HOUR OF DEATH 12-12-70 9 A M. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A, STATE 8, COUNTY
in a hosp ng cause, cause; (5) l attendance ior to dea	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION Luthran Hospital of Md. WES NO E. STREET AND NUMBER
contributi contributi etermined n regular eceased pr	S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours Min. Months Days Hours Mi
direct or ; (4) Und the was in the dedisposition	Baltimore, Maryland U.S.A. 13. FATHER'S NAME George E. Stevenson 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
sistar the d kind deat deat	(Yes, no or unknown) (If yes, give wor or dotes of service) No 10. SAMMed Forces: SECURITY NO. 21,7-30-4018 Roland Nicholson - 2041 Wheeler Av
al examiner or his as l examiner. Also, if (3) A fracture of any an who pronounced in regular attenda ins are embalmed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving fise to the above cause (A) stating the UNDERLYING CONDITION last. CAUSE OF DEATH PLUMATION ABOVE CONSEQUENCE OF: (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF:
ved by the chief medical hospital by a medical nature; (2) Body burns; ept where the physician was ained before the remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION OF CONTRIBUTION OF COURSE OR CONTRIBUTION OF CONTRIBUTION OF COURSE OR COURSE OF COURSE OF COURSE OR COURSE OF CO
e must be appro released to the accident of any a hospital (exc or to death); an	22. I certify that (I) (this haspital) attended the deceased from 19 to
This certificate m the body was rel shows: (1) An acc was D.O.A. at a deceased prior to	DEGREE 130 Ash but St. 3-ltime Med. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) Burial 12-16-70 Arbutus 14emorial Park Baltimore, Naryland
the boos shows: was D. deceas	DEC 18 THE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25C. FUNERAL DIRECTO

BALTIMORE CITY HEALTH DEPARTMENT



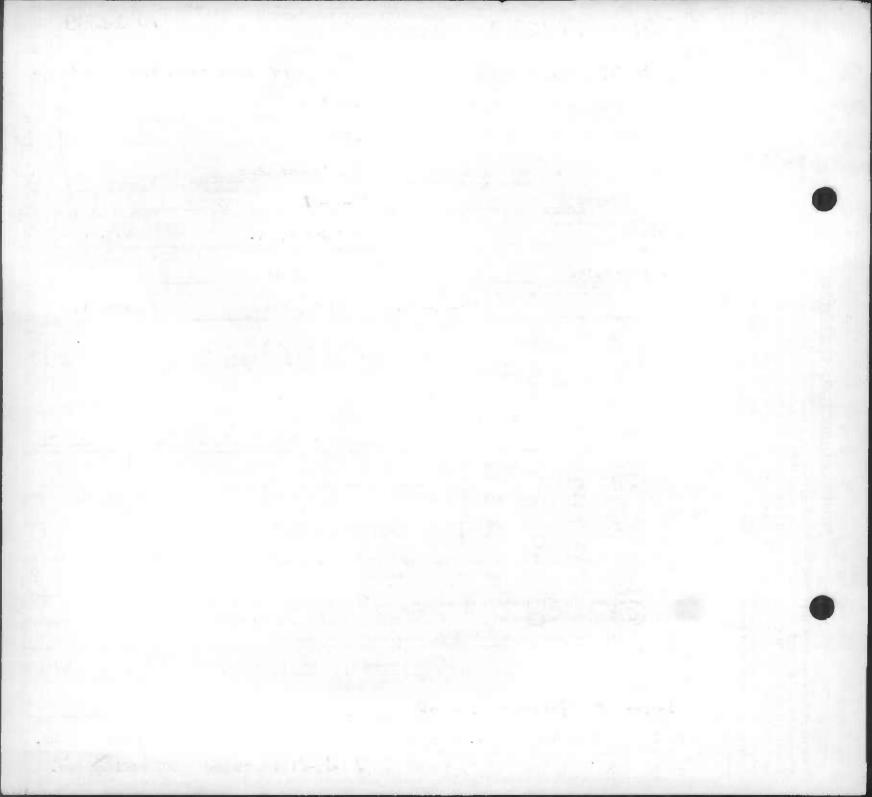
This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the FUNERAL DIRECTOR: IMPORTANT

111556	BALTIMOKE CIT	HEALTH DEPARTMENT		71 4130
A-536 70 12308	CERTIFICA	TE OF DEATH	REG. NO.	70 12308
1. NAME OF DECEASED	11/2	2. DATE AND	HOUR OF DEATH	1106
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Where d	3 - 70	14-A
		A. STATE B. COUNTY	eceosed lived. It institution	ont residence before odmissi
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON. GIVE STREET	md		1206
INSTITUTION	NURS.	C. CITY OR TOWN	D. INSIDE CI	TY LIMITS?
George Washington	Home	BACTIMORE	YES	Ø NO □
901	Anne.	E. STREET AND NUMBER	1 /	
5- SEX		2818 MARGI.	ANDa	
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9. A	GE (In years If L birthday) / Mon	Under 1 Yr. If Under 24 h
MALE NONWHILE WIDOWED	DIVORCED _	12-23-1915	54	The state of the s
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BU	JSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country) 12.	CITIZEN OF WHAT COUN
LABURER		Clairmont, V	1	U.S.A.
3. FATHER'S NAME	,	14. MOTHER'S MAIDEN NAME	77-	4,3,17,
Funntt And		mnn		
	RSON	INTEY HI	1derson	
S. Was Deceased Ever in U. S. Armed Farces? Yes, no or unknown) (If yes, giva war or dotes of service)	SECURITY NO.	17. INFORMANT		ADDRESS/)
NO	24-01-2284	18 h A1 7 -0	82 /21	27/
18.	CAUSE OF DEAT	ARTORIOSCA	EXD LC	APPROXIMATE INTERVA
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LEADING TO DEATH	(A) IMMEDIATE CAU			
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. 11 means the disease,	DUE TO, OR AS	CONSEQUENCE OF:		****
injury or complication which caused death.)				
ANTECEDENT CAUSES	600	0.11 100011		
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DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) sloting the UNDERLYING CONDITION took	DUE TO, OR AS	A CONSEQUENCE OF:	*************	
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nise to the above couse IA) stoling the UNDERLYING CONDITION tost. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHITE CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21A. ACCIDENT WAS UNDERLYING CONDITION FOR WHITE CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month (Doy) (Year) (Hour) 21E INJ While A Work 22. 1 certify that (1) (this hospital) attended the dithor (1) (we) lost saw the deceased alive on ond hour and from the causes stated above (1) (We) 23A SIGNATURE 23G-PHYSICIAN'S NAME (Typer Dr. Richard Tyson M.D. 4A. BURIAL CREMATION, 24B. DATE 24C. NAME	CH OPERATION CCE OF INJURY (e.g., Ir orm, factory, sireet, all DURY OCCURRED Not While At Work Receased from Phys. CE OF INJURY (e.g., Ir orm) Not While At Work Receased from Phys. CE OF INJURY (e.g., Ir orm) Not While At Work Receased from CE OF CENTRE OF CEMETERY of CRE/ CALVARY EGISTRAR	or about 21 C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY 21F. HOW DID INJURY 21F. HOW DID INJURY Med. Stoff Phys. 3D. ADDRESS 936 W. North A	CULOSUS B. IF YES, WERE FINDIN CERTIFYING CAUSES OF CAUSE OF C	give exoct location) give exoct location) goth occurred on the document of t

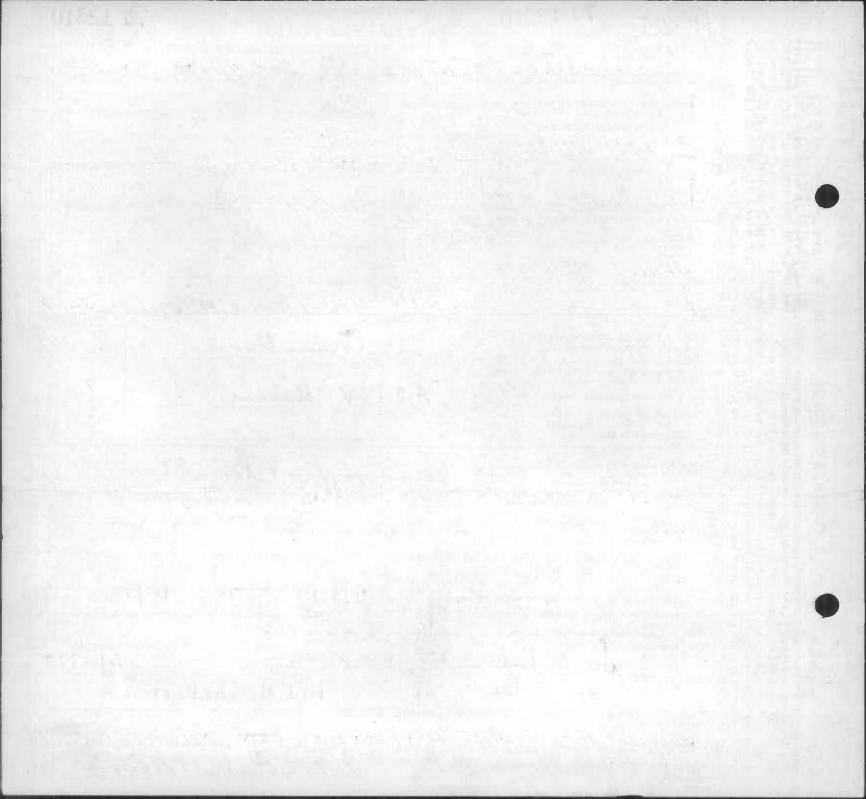


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

100	0.4		BALTIMORE CITY	HEALTH DEPARTMENT	r	7. 19200
BIRTH NO.		12309	CERTIFICA	TE OF DEATH	REG. NO	70 12309
1. NAME OF DI	ECEASED			2, DATE	AND HOUR OF DEAT	н
	RUBY S.	COMTE		14	December	R19701 319 A
3. PLACE IN BA	ALTIMORE MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If	institution: residence before admission
FULL NAME O	F (IF NOT IN HOSPIT	TAL OR INSTIT	TUTION, GIVE STREET	Maryland		1301
NOITUTITENI				C. CITY OR TOWN	D. IA	NSIDE CITY LIMITS?
200N	IVERSITY OF	- MURY	ralidage of a mon			YES X NO
28				E. STREET AND NUMBE		
5. SEX	6. RACE	7		927 Brooks		
			NEVER MARRIED		9. AGE (In years lost birthdoy)	11 Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.
Female	Colored CUPATION (Give kind of wor	WIDOWED	DIVORCED TO BUSINESS OR INDUSTRY	11-26-27	49	
done during most o	of working life, even if retired)		. 500111233 0% 1112031 121			12. CITIZEN OF WHAT COUNTRY
Beaut:				Baltimore,		U.S.A.
13. FATHER'S NA	AME			14. MOTHER'S MAIDEN	NAME	
0	liver Paige			Roset	ta Fox	
15. Was Decease (Yes, no or unknow	ed Ever in U. S. Armed For rnl (II yes, give war or dote	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			226-24-9200	Shirley Le	e 4	557 Lanier Ave
1B.	10 VI		CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEA	ASE OR CONDITION DE	RECTLY		0 10	1	BETWEEN ONSET AND DEATH
(71)	LEADING TO DEATH		(A)IMMEDIATE CAU	SE Cerebral	Infaction	5 days
heart failure	nat mean the mode of , asthenia, etc. Il means	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:	0	
injury or co	emplication which caused	death.)	D	0 M	0	
	ANTECEDENT CAUSES		(B) Kenny	story / west		5 days
DISEASES	OR CONDITIONS, if he abave cause (A)	any, giving		A CONSEQUENCE OF:	D	***************************************
UNDERLYIN	IG CONDITION last.	stoling ine	(c) 175 th	mula Brown	elites, Sev	ere 20 yeurs
	11					
O OTHER SIGN	FICANT CONDITIONS CO	NTRIBUTING				
< DISEASE OR	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	T 1 (A).	************************		**************	
E // 0	F OPERATION 198 CON	FORMED		20A. AUTOPSY? (Yes or		FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDI	1970	1/2	ACHAEOSTOMY	1100		
, IOR CONTRIB	Y medicol examined	hom	PLACE OF INJURY (e.g., in e., form, foctory, street, all	ice bidg. INJURY OCCUR	(If In Boltime	ore City, give exoct location)
21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROXI		Whi	ile At Not While			
22	y that (I) (this haspital	Wor			0.0	
				8 Decambe	_19 <u>70 to</u>	14 Besent 19 70
) last saw the decease			19 and	that in (my) (aur) op	pinlon death occurred on the date
23A, SIGNAT	nd fram the causes stat	ed abave. (I) (We) (did) (did not) vi	ew the bady after deat	h.	
232 310421	A A	0 0	Δ44.0	dia — Mari —		23 B. DATE SIGNED
Jan	es H. Quin	an J.	DEGREE Phys.	ding Med. Director	Staff Phys.	14 Der 1970
PHYSICI,	Type)		2	3D. ADDRESS		
191		INLAN ,	JOZ MD DEGREE	Unwersity	9 Marylan	d Itospital
24A. BURIAL CRI REMOVAL	EMATION, 248. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	Lity, town, or countyl (Stote)
Burial		70 1	Mt. Calvary		H	Baltimore Md.
25A. DATE REC'E	D BY HEALTH DEPT.	make a second of the second of	F REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS
0501	0 9000 02.2 6	E Fall	en. 160	Mary-Eliz		802 Madison Ave.
VS 150=REV. 1/1	68	de-day.				



BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CATE OF DEATH Such hospital and use of death Deceased 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) c 4. USUAL RESIDENCE (Where do doson lived, II institution: residence 0 of death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance Undetermined cause; (5) cause 9 FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION CITY OR TOWN D. INSIDE CITY LIMITS? 0 10 YES W NO ALTO 1201 WILCOX ST. prior STREET AND NUMBER contributing occurred made regular 9. AGE (In years lost birthdoy) B. DATE OF BIRTH 5. SEX 6. RACE MARRIED NEVER MARRIED Il Under 1 Yr. Months Doys If Under 24 Hrs. deceased Hours 63 DIVORCED disposition is IDA, USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) BALTO, CITY U.S.A BALTO. LABORER 13. FATHER'S NAME Was the 14. MOTHER'S MAIDEN NAME (4) assistant death UO 15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give war or dates of service) ADDRESS 6. SOCIAL 17. INFORMANT final SECURITY NO. attendance any OL pronounced DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This does not mean the made of dying, e.g., hearl failure, asthenia, etc. Il means the disease, regular examiner. injury at complication which caused death.) ANTECEDENT CAUSES who are DUE TO. AS A CONSEQUENCE DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician the remains UNDERLYING CONDITION last. (C)... Was medical П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Body the chief 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH 20B. IF YES, WERE FINDINGS CONSIDERED the WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before by 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, loctory, street, alfice bldg., INJURY OCCUR? (2) 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exoct location) where OR CONTRIBUTING CAUSE OF to the hospital o N DEATH (notify medical examiner) any nature; MEDI (Hour) obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 approved (except While At Not While (APPROX.) Work At Work and 22, I certify that (i) (this hospital) attended the deceases from 2 19 10 ... ond that in (my) (our) opinian death occurred on the date that (1) (we) lost saw the deceased olive an. pe o hospital eath) and hour ond fram the causes stoted above. (I) (We) (did) (dld not) view the bady ofter death. must accident 23B, DATE SIGNED 23A. SIGNATURE Ö Attending V Mad Shaff 0 Phys. Director L approval 0 23D. ADDRESS 23 C. PHYSICIAN'S prior certificate at NAME (Type) An ď 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY deceased the body 0.0 written shows: MOST HOLY RECEEMER Was 258. NAME OF REGISTRAR FUNERAL DIRECTO BELAIR RO



This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

6 150 70	12311 BALTIMORE CIT	Y HEALTH DEPARTMENT	70 12311
BIRTH NO.	CERTIFICA	TE OF DEATH REG. NO	KO TEOTA
1. NAME OF DECEASED		2. DATE AND HOUR OF DE	ATH
(Type or Print) Carrie Greensf	elder	12/12/70	16B
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived.	If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPIT HOSPITAL OR ADDRESS OF LOCAL	AL OR INSTITUTION, GIVE STREET	Md.	2841
HOSPITAL OR ADDRESS OR LOCA	(IION)	C CITY OR TOWN	INSIDE CITY LIMITS?
		Balto. E. STREET AND NUMBER	YES NO NO
Anderson N.H.	3604 Mohawk Ave.		
5. SEX 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Hades 1 Ve 16 Hades 24 Mar
Female White	WIDOWED DIVORCED	Ann 20 1885 lost birthdoyl	Months Days Haurs Min.
IOA. USUAL OCCUPATION (Give kind of work done during most of wasking life, even if retired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote at loseign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Homomoleon	D-71 C	
13. FATHER'S NAME	Homemaker	Balto Co.	U.S.A.
Ingerh Kahler			
JOSEPH Kahler 15. Was Deceased Ever in U. S. Armed Fara (Yes, no or unknown) (Iff yes, give war or dotes	16. SOCIAL	Elizabeth Smith	ADDRESS
	9.1		21021
No. 18, 2/ / 0 31	220-16-9257 CAUSE OF DEAT	Charles E. Greensfelder	
DISEASE OR CONDITION DIR			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	ALL DATE OF THE PARTY OF THE	6SE 1) Extensine Cerebral	1 3 de-0
(This does not mean the mode of heart lailure, asthenia, etc. 1) means	dvine on	A CONSEQUENCE OF	307
injury or complication which caused	death.)	Vasenler Hem	and .
ANTECEDENT CAUSES	15 11 Br	leteral Broncho Press	non days.
DISEASES OR CONDITIONS, if a rise to the above cause (A)	ny, giving DUE TO, OR AS	A CONSEQUENCE OF:	
UNDERLYING CONDITION last.	(c) when	& Selevotie front Din	-6 yrs.
- 11	4	1-1 10	
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO TH	F TERMINAL	col artemon Seleman .	
O DISEASE OR CONDITION GIVEN IN PART	1 (A).	120	
WAS PERFO	DRMED WHICH OPERATION	20A-AUTOPSYT (Yes of No.) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID /II in Rolli	maro City, give exoct lacation)
DEATH (notify modical examine)	homo, form, foctory, street, of	fice bldg. INJURY OCCUR?	and cary, give exoca (actation)
Q 21D. TIME (Month) (Day) (Year)	(Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX)	While At Not While		
22. I certify that (1) (this hospital)		1917	16 6
that (1) (we) lost saw the deceased	offended the deceosed from	A (
		and that in (my) (and	opinion death occurred on the date
and hour ond from the couses state	d dbove. (i) (we) (did) (die noi) v	lew the body ofter death.	
- Frank C Rha	han Atte	nding Med. Staff	23B, DATE SIGNED
23C. PHYSICIAN'S	DEGREE Phys	Director Phys. 23D. ADDRESS	12/12/10
NAME (Type) 1 Ph	hara-Ko	In- til Bell In	BH A
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE	MATORY WI OTES HAMM	7 there my
REMOVAL (Specify)	/	/	(City, town, or county) (State)
	Jerusalem Cemete		Md.
DEC 18 1970 (26-82)	Jaben 1881 0 0	25C. FUNERAL DIRECTOR	ADDRESS
VS 150-REV. 1/1/68	,	Lassahn Funeral Home 71	01 Belair Rd. 21236

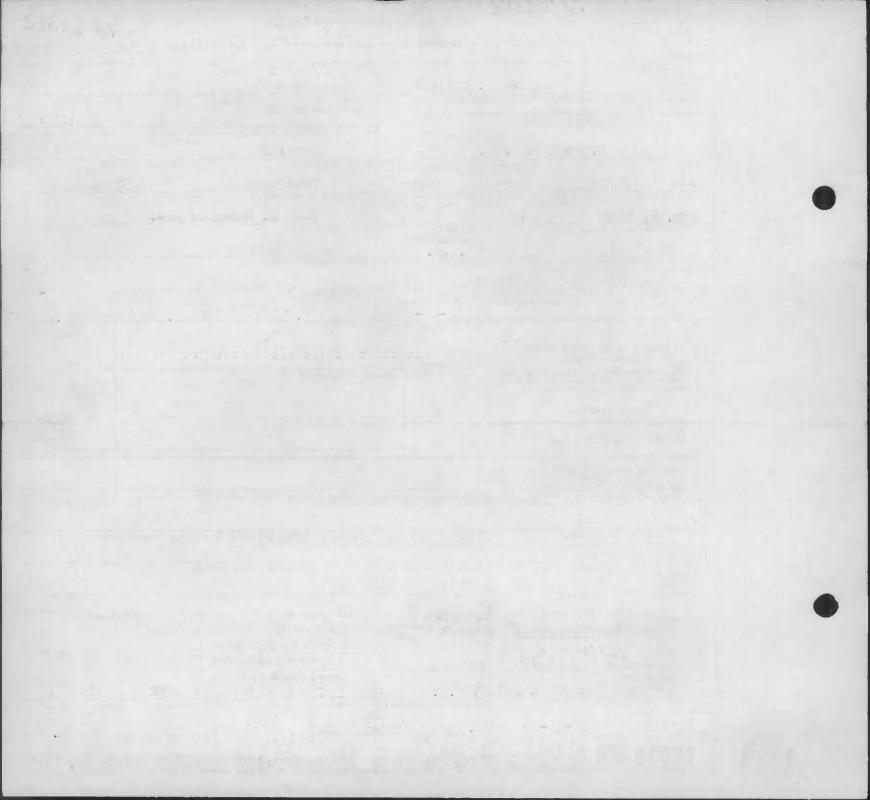


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AND STREET, NO. of the last of

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1 15	9			BALTIMORE CITY HE	ALTH DEPA	RTMENT			ing "	12318
(9-45.	5	MEDIC	ALE	XAMINER'S	CEDTIEL	CATE OF	DEAT	LI	1	するとのかっ
BIRTH NO.		MEDIC	JAL E	AAMIINEK 5	LEKTIFI	CATE OF	DEAL	REG. NO		
I. NAME OF DE	CEASED				2. DATE	Known K)	Manth	Day	V	Tree .
(Type or Print)	CLASCO	1.7 ; 1 1 -	i am D	. Gilland	OF		Manth	Day	Year	Hour
4. PLACE IN BA	ITIMORE N				DEATH 3. DATE	Estimoted	88 -4		- V	1
FULL NAME OF				ION, GIVE STREET		UNCED DEAD	Month	Day	Yeor	Hour
HOSPITAL OR INSTITUTION	ADDI	RESS OR LOCATIO	N)	ION, OIVE SIKEE!			12	13	70	'9:58 a
OK INSTITUTION					A. STATE	ESIDENCE (Wher	e deceosed l	ived. If institution B. COUNTY	: residence	before admission)
00 1		Montford				Maryland		2. 000,111		X 1) 2
6. SEX	7. RACE	8.	MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?	
male	white	w	IDOWED	DIVORCED [Baltimor	е	V	s D	No
9. DATE OF BIRT	TH	10. AGE (In yes		nder 1 Yr. Il Under 24 Hrs.	E. STREET	AND NUMBER				NO L
Ann 1.	1899	lost birthday)	71 Mon	iths Days Hours Min.		1824 N.	Montfo	and Arra		
Apr. L.				CITIZEN OF	13. FATHER		MOHELO	Id Ave.		
				WHAT COUNTRY?						
Mary	Land	we kind of weet 11 45	KIND OF	U.S.A. BUSINESS OR INDUSTRY	Cha	arles Gill	and			
ione during most of	working life, e	ven Il retired)	אט טאוואי	POSITACES OK IMDOSTK	13. MOTHE	K 3 MAIDEN NA	ME			
Plas	ter Wor	ker He		inkler& Son	Cat	therine Wi	nkler			
6. WAS DECEAS	SED EVER IN	U.S. ARMED FC		17. SOCIAL SECURITY NO.	18. INFOR	TANK		Al	DORESS	
No	1,(1, 1,00, 0,10	wor or doles or si	civicej	216-05-0937	Nelli	e M. Gill	and 18	Ol. N. Mo	ntford	J Ame 07
19.	5 4/2			CAUSE OF DEA				24 19 190	Al	PROXIMATE INTERVA
/ /									8ETW	VEEN ONSET AND DEA
DISEAS	SE OR CON LEADING 1	DITION DIRECTLY	Υ	Arterio	osclero	tic cardi	ovascu	lar dise	ase	
(This does				(A) IMMEDIATE C		1151155.05				
heart failure	e, osthenia, e	mode of dying, ic. It means the dis- ilch coused death.)	eose,	DUE IO, OK	AS A CONSEC	UENCE OF				
intory or co	mpirconon wi	iich coosed dealh.)								
A	NTECEDEN	T CAUSES		(B)						
DISEASES	OR CONDIT	IONS, IF ANY, GI	VING	DUE TO, OR	AS A CONSE	QUENCE OF:				
UNDERLYI	NG CONDI	AUSE (A) STATING	3 IHE	(a)						
8				(c)						
OTHER SIGN	NIFICANTO	II INDITIONS CONT	DIRITING							
	ATH BUT NO	T RELATED TO THE	TERMINAL							
		GIVEN IN PART		WHICH OPERATION W		ED				
O DATE O	r OFERAIL	IN 200. CONDI	HON FOR	WHICH OPERATION W	S PERFORN	IED				PSY? (Yes or No)
- (1)									no	
UNDERLYING	NAL CAUSI		22B.	PLACE OF INJURY (e.g., e, farm, loctory, street, office	In or obout 2	2C. WHERE DID	(If In Boltima	re City, give exo	t location)	
UTING C			HOIN	e, turns, lociory, sneet, onto	plag., erc.)	WORT OCCUR!				
≥ 22D. TIME		Doy) (Year)	(Hour) 2	ZE.INJURY OCCURRED	2	2F. HOW DID IN	JURY OCC	UR?		
OF INJURY					WHILE					
23.			m. \	WORK AT W	ORK L					
	tify that I	held an Inqui	Iev 🖂	Inspection Au		and shae an si	hts fasts	double to		
			property .	<u></u>	proving .	and that on the		_	-	
resul	ted from:	Natural causes	A G	celdent				ned manner	7	
ACTUAL	140	10-112/	11	Via		CHIEF MEDICAL I	EXAMINER			DATE SIGNED
SIGNAT	8 /5 8 38	" LUY		M.D	ASSI	STANT MEDICAL	EXAMINER			DAIL SIGNED
EXAMIN	ER'S					CIATE MEDICAL E	XAMINER			
NAME (Type) W	erner U.	Spitz	M.D.		Chief Med		xaminer		12/14/70
24A. BURIAL CRE	MATION.	24B. DATE		C. NAME of CEMETERY			LOCATION			
REMOVAL (Spec	пү)	72 75 70		+ M C						
25A. DATE REC'D	RV HEALTH	12-15-70		t. Marys Ceme			mpton		-	MD.
DED 1	O TOTAL	0000	WAM	OF REGISTRAR	25C, I	UNERAL DIRECTO	JK .	AL	DRESS	
DEC T	ए छ।प	Ang English Co	Walter St.	The Court of the) bass	Shn Fundr	al Hon	ne 7401 F	Relair	Rd. 2123

bassahn Fundral Home 7401 Belair Rd. 21236



BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH Such th occurred in a hospital and contributing cause of death etermined cause; (5) Deceased I. NAME OF DE 2, DATE AND HOUR OF DEATH (Type or Print) LO eath. 3. PLACE IN BALTIMORE, MARYLAND, USUAL RESIDENCE (Where deceased lived, It institution: residence before admission) ance A. STATE 8. COUNTY FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! 0/ Ö HOSPITAL OR C. CITY OR TOWN attend 0 D. INSIDE CITY LIMITS? BAItO YES 3 prior E. STREET AND NUMBER in regular O 5. SEX 6. RACE deceased 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) ma Il Under 1 Y. Months! Doys WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? death isposition done during most of working life, even il retired) 0 (4) Und DOMESTIC MOS 13. FATHER'S NAME the direct assistant death 0 o kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give war or dates of service) 16. SOCIAL or final SECURITY NO. attendance any pronounced CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY o gular atter LEADING TO DEATH (3) A fracture (This does not mean the mode of dying, e.g., heart laiture, asthenia, etc. Il means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury at complication which caused deoth.) ANTECEDENT CAUSES who 4 9 DISEASES OR CONDITIONS, il any, giving 8 rise to the above couse (A) slaling the = the physician the remains UNDERLYING CONDITION last a medical Was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING the chief me (except where the pny and (6) No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). (2) Body 198 CONDITION FOR WHICH OPERATION 194- PATE OF OPERATION 20A. AUTOPSY? IVes of No. 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED bshuch ore OR CONTRIBUTING CAUSE OF (II In Bohimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? bef he body was released to the hospital MEDICAL DEATH (notify medical examined accident of any nature; be obtained 21D. TIME (Month) (Doy) (Year) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? approved OF INJURY Not While While At (APPROX) Work At Work 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive on 1 and that In(my) (aur) apinion death accurred on the date hospital eath) and have and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 238 DATE SIGNED O Attending Staff prior to approval Phys. Director 8 23C. PHYSICIAN'S 23D. ADDRESS certificate at NAME (Typel An D.O.A. 24A. BURIAL CREMATION, 248. DATE deceased 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) written 25E NAME OF REGISTRAR 25C, FUNERAL DIRECTOR VS 150-REV. 1/1/68

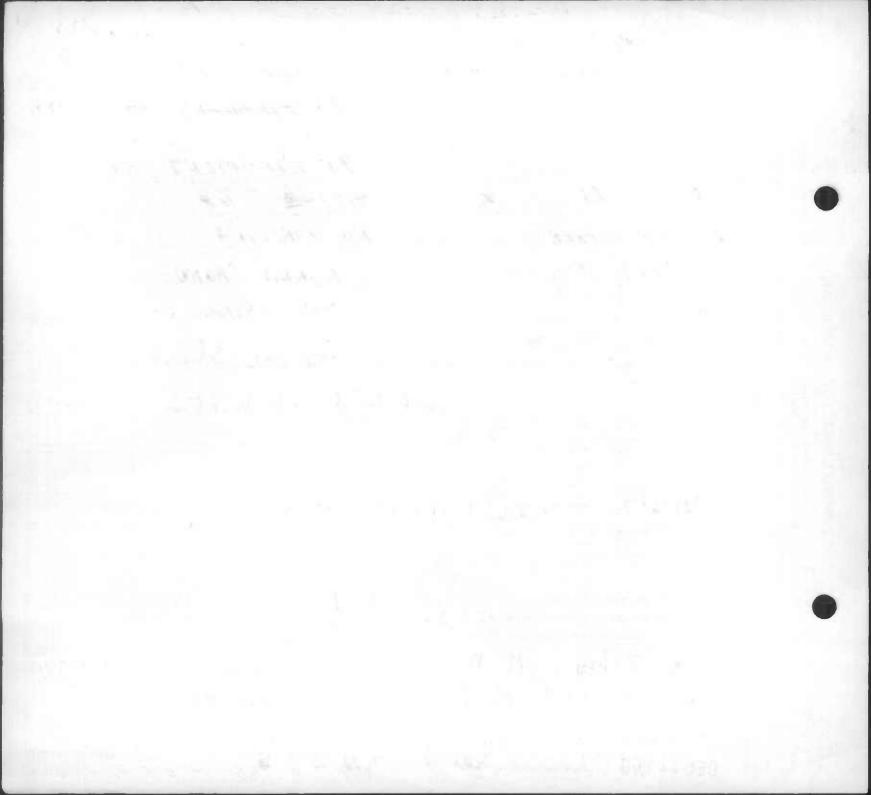
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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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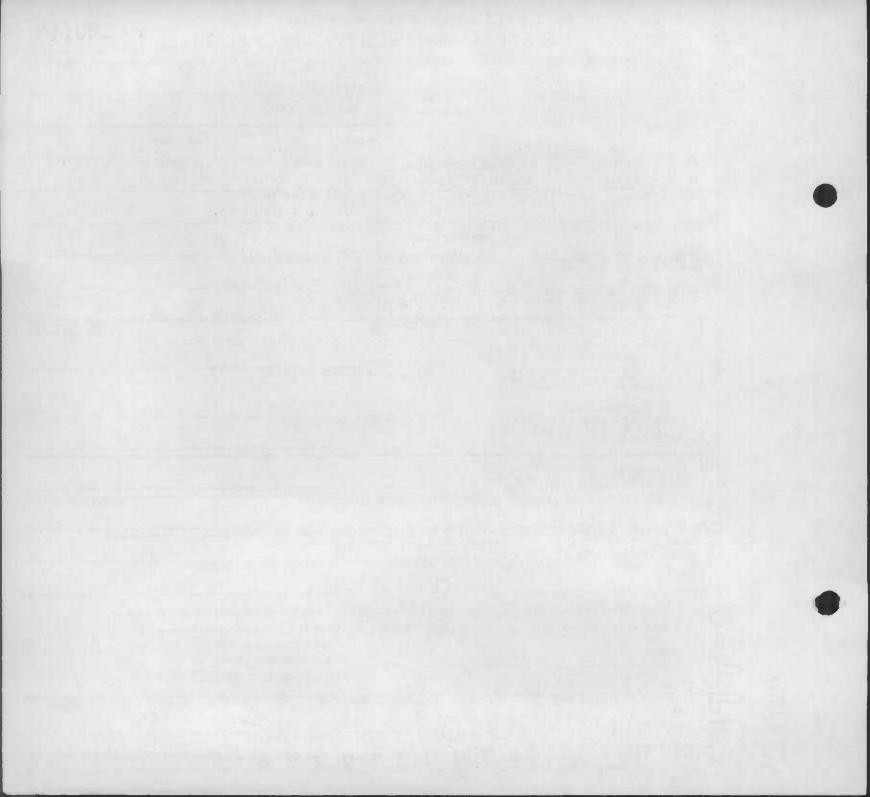
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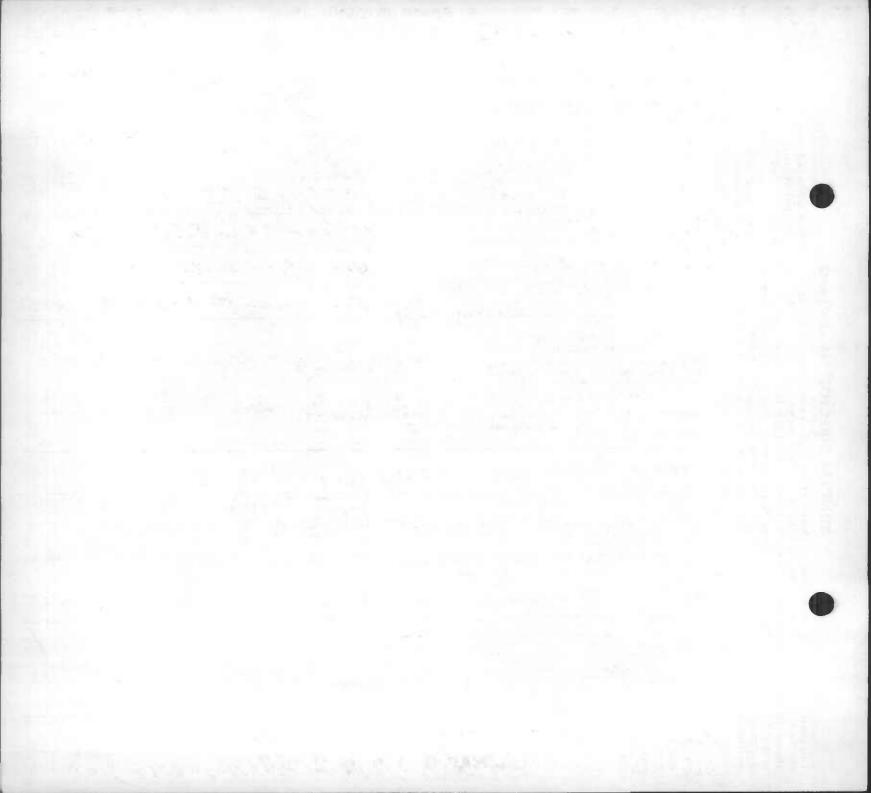
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111	7	23	- office	1
0 31	ella.	AL U	3.	60
		-	1000	HIII.

MEDICAL EXAMINER	S CERTIFICATE OF DEATH
BIRTH NO.	REG. NO.
I. NAME OF DECEASED	2. DATE Known Month Doy Year Hour
(Type or Print) MAUDE JONES	OF STATE
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRODUCTION DEAD
HOSPITAL ADDRESS OR LOCATION)	12 19 19/0 10:10 pm
OKINSHIUHON	(where deceased lived, a institution: residence before admission)
236 N. Gilmore St.	A. STATE Md. B. COUNTY / C/
6. SEX 17. RACE 8. MARRIED CLAUSER MARRIED	ED TIC. CITY OR TOWN ID. INSIDE CITY LIMITS?
MARKIED NEVER MARKI	
female negro widowed Divorc	
9. DATE OF BIRTH 10. AGE (In years # Under ! Yr. Under Manths Days Haurs	24 Hrs. IE. STREET AND NUMBER
DCT-12-1903 67	236 N. Gilmore St.
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
6/ WHAT GOUNTRY?	The Particular
14A. USUAL OCCUPATION (Give kind at work 14B. KIND OF BUSINESS OR INI	DUSTRY 13. MOTHER'S MAIDEN NAME
NURSEATIBE PUT LAMIC	4 F/1A)411.53
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	/ I8. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dotes of service) SECURITY N	0.1 1
The Court of the C	Jas donny Toenson -Now york N'y
19. CAUSE O	F DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arterios	clerotic cardiovascular disease
I FADING TO DEATH	
(This does not mean the mode of dyling, e.g.,	DIATE CAUSE O, OR AS A CONSEQUENCE OF:
heart follure, osthenia, etc. It means the disease, injury ar complication which caused death.)	o, ok as a consequence or:
milety di compilication winds coosed decision	
ANTECEDENT CAUSES (6)	
DISEASES OR CONDITIONS, IF ANY, GIVING	O, OR AS A CONSEQUENCE OF:
INDERLYING CONDITION LAST	
(c)	
Ĕ	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	ON WAS PERFORMED [21, AUTOPSY? (Yes or No)
ō	no
Z22A. EXTERNAL CAUSE WAS 1228, PLACE OF INTUR	
UNDERLYING TOR CONTRIB. home, form, loctory, street	Y (e.g., In ar obaut 22C, WHERE DID (II in Baltimore City, give exact location)
UTING CAUSE OF DEATH.	
OF INJURY (Month) (Doy) (Year) (Hour) 22E, INJURY OCCU	RRED 22F. HOW DID INJURY OCCUR?
(APPROX)	NOT WHILE
23.	AT WORK
	Autapsy and that on this basis, death in my opinion
resulted fram: Naturel causes Accident	Suicide Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
SIGNATURE Ambalalin	ASSISTANT MEDICAL EXAMINER X
SIGNATURE Affichallum EXAMINER'S	m.b.
NAME (Type) Isidore Mihalakis, M.D.	ASSOCIATE MEDICAL EXAMINER L. 12-20-70
24A BURIAL CREMATION 124B DATE 124C NAME -4 CEM	
REGIOVAL (Specify)	ETERY or CREMATORY 24D. LOCATION (City, lown, or county) (Stole)
16 my 11/19/10 my A	JAZYOMAD MANON
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
DE0 91 9050 0 0 0 0 0	ADDRESS.
	- h - d - 1 1 1 2 2 2
DEC " T' BULL ACRES EN LES BEET MED). U	James Wind & Friday 28 2 215 War



This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11	1-112 70 100	BALTIMORE CITY				70 13315
BIR	7-653 70 120	OLO CERTIFICA	TE OF DE	EATH	REG. NO.	70 10 71
1.N fTyp	AME OF DECEASED	2000	C 0	2. DATE AND HO	OUR OF DEATH	10 12313
3.6	PLACE IN BALTIMORE, MARYLAND, WHERE PI	HKNZII,	SR.	1941	Jec 1970	1 6.00 A M
	MARILAND, WHERE P	RONOUNCED DEAD	A. STATE	B. COUNTY	eased lived. If insti	lutian: residence before admission)
HO	L NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOW	2		1602.
1142			BOL	- 4		CITY LIMITS?
19	UNIVERSITY HESPIT	AC	E. STREET AND	•	Y	ES NO
12	8 BALTIMO		802	Nº ST	RICK OF	2 Sol STRICKER
5. SI	M 6. RACE 7. MAR	NEVER MARRIED DIVORCED	12/29	1/9/6 last b	E (In years	If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.
10A.	USUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLACE	(State or fareign con	untry)	12. CITIZEN OF WHAT COUNTRY?
0000	A 25 5NON		26		2 5, G.	W. S. A
13,4	ATHER'S NAME		14. MOTHER'S M	AAIDEN NAME		00.0.07
4	farrison Arn	577	HATT15	-MAG .	WIDOM	م بحر
15. W (Yes,	Vas Deceased Ever in U. S. Armed farces? na or unknown) (If yes, give wor or dates of sen	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
	NO 2	1-122-7368	Tabro	- ARNO	71803	N. HRICKOMS
T	18. 4 3 0 41	CAUSE OF DEATH				APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY			0		BETWEEN ONSET AND DEATH
	LEAOING TO DEATH	(A)IMMEDIATE CAU	SE Acut	te Kenal	Fail re.	34.004
11	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc	8.0	A CONSEQUENCE	OF:		***************************************
	injury ar complication which caused death.)		\cap	7		
	ANTECEOENT CAUSES	(B) Ponta	rems Per	christin	d. Oesopha	9.5
	DISEASES OR CONDITIONS, if any, ginise to the obove cause (A) stating	ving DUE TO, OR AS	A CONSEQUENCE	Of:	V	20 00 000
	UNDERLYING CONDITION lost.	(C)				
1-1	- 11					
HELL	THE SIGNIFICANT CONDITIONS CONTRIBUTE	NG BYG	nchopn	eumini		
CERTIFICA	9A. DATE OF OPERATION 198 CONDITION F	OR WHICH OPERATION	20A. AUTOPSY?		IF YES WEDE EINT	DINGS CONSIDERED
E TI	2 WAS PERFORMED		483		CERTIFYING CAUSE	S OF DEATH?
. 0	TA. ACCIDENT WAS UNDERLYING TO	21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, aff	or about 21 C. WH	ERE DID	(If In Baltimore CI	Ity, give exact location)
<u> </u>	DEATH (notify medical exominer)	eic.l				
MEDI	1D. TIME (Month) (Doy) (Year) (Haur) DF INJURY	21E INJURY OCCURRED		W DID INJURY O	CCUR?	
- 1	APPROX.)	While At Work At Wark				
2	2. I certify that (1) (this hospital) attend	ed the deceased from	12.1	19 /7	2 to	12.19 10.20
	hat (1) (we) last sow the deceased alive		19.)0			n death occurred an the date
a	nd hour and fram the causes stated abov	e. (1) (We) (did) (did mat) vi	ew the hady after	er death	,, (, aprilla.	. acam occorred dit the data
2	3A. SIGNATURE	0			1231	B. DATE SIGNED
	J. Genand Cun	Dh	ding Med	l. Staff Phys. E	7	12-10-70
2	3C. PHYSICIAN'S NAME (Type)	OCOKEE	3D. ADDRESS	CIOT LI PRYS. L		12-19-10
	-T. GERARD (R	NULEY M.D	UNIU	JBLS ITT	HOSP.	BALTIMORE.
24A.	BURIAL CREMATION, 24B, DATE BEMOVAL (Specify)	NAME OF CEMETERY OF CREA	MATORY	24D. LOCATIO		own, or county) (State)
1	In 12/25/20	AND ANDE	nn	But	to more	in and the states
25A.	DATE REC'D BY HEALTH DEPT. 258, NA	AE OF REGISTRAR	25C. FUNERAL	DIRECTOR		ADDRESS
H D	EC 21, 1970 06 Ben E Jack	E13 46 1)	279 anh	with 1	Com 171	en siener S
VS 15	0-REV. 1/1/6B	-		77	638	7,



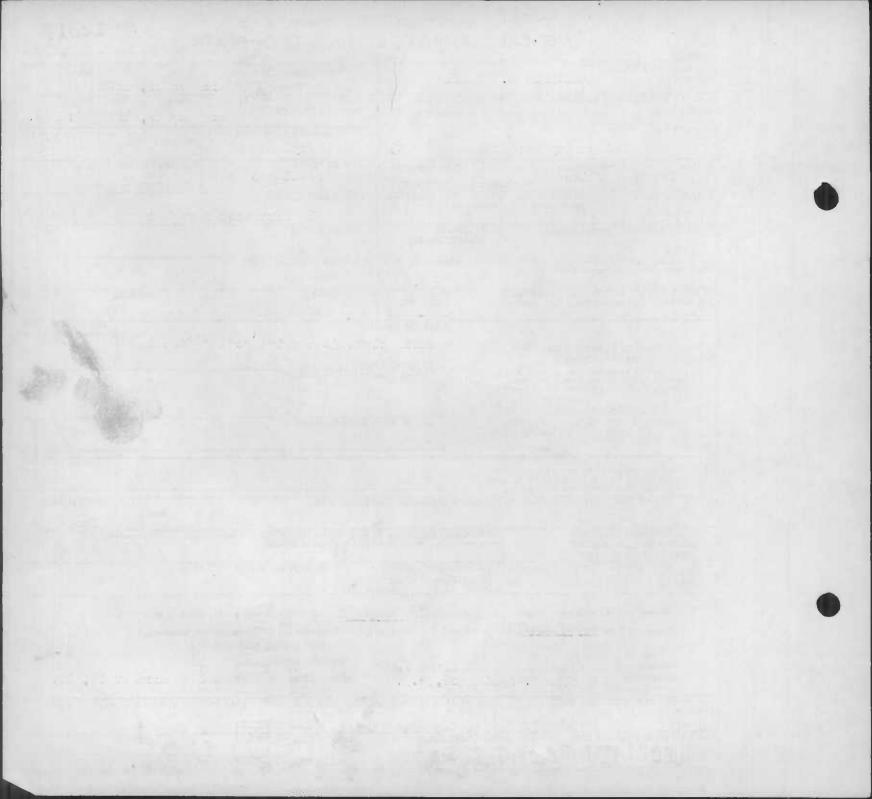
was D.O.A. at a hospital (except where the physician who pronaunced death was in regular attendance an the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such Written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

V 206 / 12316 CEPTIFICA	TE OF DEATH REG. NO. 70 12316
BRITH NO. I. NAME OF DECEASED (Type a bind EPH FOSTER	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! SUN VERSITY HOSPITAL OR SPITTH	A. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO E. STREET AND NUMBER EN SETT ST B. JO MD
5. SEX 6. RACE 7. MARRIED TEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs., Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME WILLIAM FOSTE (S 15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or doles of service) 25EQUEIT MO. 155	14. MOTHER'S MAIDEN NAME MAMIE 17. INFORMANT ADDRESS
injury ar complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving ise to the above cause (A) stoling the UNDERLYING CONDITION last. (C)	BRAK ANEURVALI
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 17A. DATE OF OPERATION 17B. CONDITION FOR WHICH OPERATION WAS PERFORMED 17A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, offi	20A- AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 10 or obout 21 C. WHERE DID (If In Boltimore City, give exact location)
21D.TIME (Month) (Doy) (Yeorl (Houd) 21E, INJURY OCCURRED While At Not While At Work	21F. HOW DID INJURY OCCUR?
22. I certify that (i) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive on and haur and fram the causes stated above. (1) (We) (did) (did nat) vi	19 70 and that in (my) (our) apiniar death occurred an the date
23A. SIGNATURE Charles In color of pegree Phys. 23C. PHYSICIAN'S NAME (Type) CHARLES TO GROW DEGREE 23A. SIGNATURE Attended to the pegree Phys. 24A. SIGNATURE Attended to the pegree Phys. 25A. SIGN	ading Med. Stoff Phys. 23B. DATE SIGNED 3D. ADDRESS
Burial 12/22/70 Mt C lvary 25a. Date REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR?	Cemetry A A County Md
DEC 21. 1970 Vag. 8 E. Jacker 188	2 ADolphus Halstead 1206 W orth Ave

12-44-70

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			MEL	HCAL	. EX	AMINER'S	LEKTIFI	CATEC	OF DEAT	TH REG. NO.			
The state of	NAME OF DEC	EASED											
	pe or Print)		ANTHON	Y D.	G	EPPI	2. DATE OF	Known 🛛		Day	. 1970	Hour	
4.	PLACE IN BAL	TIMORE, MA	RYLAND, V	VHERE PE	ONO	UNCED DEAD	DEATH 3. DATE	Estimoted	Month	ember 17	Year	Hour	М.
FU	LL NAME OF	(IF NO	T IN HOSPITA	AL OR INS		N, GIVE STREET		UNCED DEAD		ember 17			P.M.
	SPITAL	ADDRE	SS OR LOCA	TION)			5. USUAL R	FSIDENCE (W		lived. If Institution	-		salon)
		Unive	rsity	Hospi	tal	(DOA)	A. STATE	Marylan		B. COUNTY		1/	5
6.	SEX	7. RACE	. ,	B. MARR	IED [NEVER MARRIED	C. CITY OF			D. INSIDE CI	TY LIMITS?		
	Male	Wn	ite	WIDOW	VED [DIVORCED		Baltimo	re	YE	s 🖎	NO 🗆	
	DATE OF BIRTH	4	lost birthdo	n years y)	If Und	der 1 Yr. 11 Under 24 Hrs. s Days Haurs Min.	E. STREET	AND NUMBER					
	1/18/29		41						terson	Park Aver	nue		
11.	BIRTHPLACE (S	tate or loreig	in country)			TIZEN OF HAT COUNTRY?	13. FATHER	'S NAME					
	Maryland				-	USA		r Genni					
don	USUAL OCCUI aduring most of w	PATION (Giv	e kind al work en if retired)			USINESS OR INDUSTRY			NAME				
	Chauffue					of Parks City	4	erine					
(Ye	WAS DECEASE	ED EVER IN (II yes, give v	U.S. ARMED	of service	?	17. SOCIAL SECURITY NO.	18. INFOR	TMAN		A	DDRESS		
_	yes					214-24-1634		eter Ger	908 in	Bardswe		ad. 21	228
	19. 4	21/1				CAUSE OF DEA					BETT	UPPROXIMATE II	
1		E OR COND		CTLY		Arteriosc	leroti	cardio	vascula	r diseas	e		
П	Aur.	LEADING TO		lun on		(A)IMMEDIATE C	AUSE						
	heart failure,	at mean the , asthenia, étc oplication which	. It means the	disease,		DUE TO, OR	AS A CONSEC	UEN CE OF:					
	inforty at con	(bircollell with	il coosed oet	amil									
		NTECEDENT				(8)							
	RISE TO THE	ABOVE CA	USE (A) STAT	ING THE		DUE TO, OR	AS A CONSE	QUENCE OF:					
2	UNDERLYIN	IG CONDITI	ON LAST.			(c)							
E	0011000000		11										
CERTIFICATION	TO THE DEA	IFICANT CON	RELATED TO	THE TERMI									
TE		CONDITION			EOD W	HICH OPERATION WA	E DEDECOR	ED.				main /V	- 21-2
CE	DAILO	OI ERAIIOI	200. CO	ADIIIOIA	rok ti	THE OPERATION WA	S PERFORM	EU			21. AUTC	OPSY7 (Yes	ir Na)
AL	22A. FYTERN	NAL CAUSE	WAS		228 DI	ACE OF INITIDATE	to an about 2	2C WHERE D	D /// D to			Yes	
EDIC	UNDERLYING UTING CA	OR CON	TRIB-		home,	ACE OF INJURY (e.g., farm, lactory, street, office	bldg., etc.)	UURY OCCUI	CA tu pomme	ire City, give exo	t location)		
Σ			oy) (Year) (Hour) 22E	INJURY OCCURRED	2	2F. HOW DID	INJURY OCC	UR?			
	(APPROX.)				m. WH	RK NOT	WHILE ORK						
	23.			-	7								
		fy that I he		nquiry L	1	Inspection Aut	lapsy X	and that a	this basis,	, death in my	pinion		
	result	ed from: N	aturol cou	ses X	Ace	cident U Suicid	• H	micide 🔲	Undetermi	ined monner]		
	ACTUAL	(11	00	11				CHIEF MEDICA	L EXAMINER			DATE SIGN	VED
	SIGNATU	IRE M	uls;	1' 0		TOUR M.D.	ASSI:	STANT MEDICA	L EXAMINER	X		DAIL SIO	120
	EXAMINE NAME (T		arles	S. Sp	rin	gate, M.D.	ASSO	CIATE MEDICA	L EXAMINER	☐ Dece	mber :	18, 197	70
	A. BURIAL CREN MOVAL (Specif		48. DATE		24C.	NAME of CEMETERY	or CREMATO	RY 24	D. LOCATION	(City, town,	or county) (Sto	le)
	Burial		12/21	70		w Cathedral	Cemete		Baltimor	e. Marvl	and		
25.	A. DATE REC'D	BY HEALTH I	DEPT.	25B. N.	AME C	OF REGISTRAR	25C. F	UNERAL DIRE	CTOR		DRESS		
	UEGZ	4. 13/1	USBe	AE.	14.6	Su MA	Wi	tzke, 16	30 Edmo	ndson Av	e., 2	1228	
VS	151-REV. 1/1/68			3		12	1 2	fine of	1				

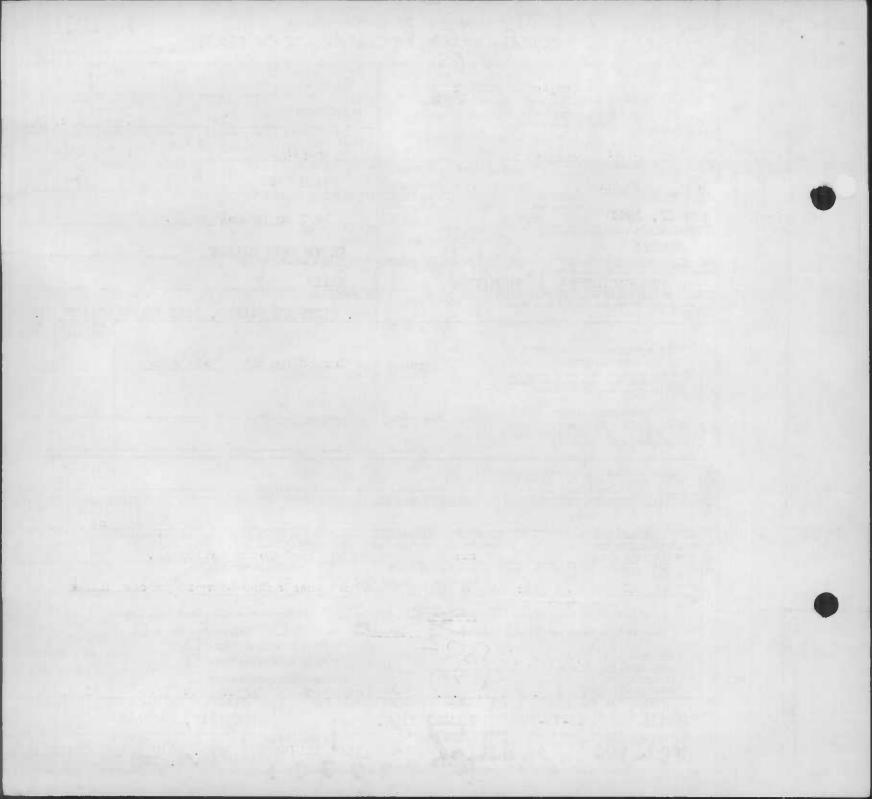


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BI	1-120 70 1231		HEALTH DEPARTMENT	REG. NO.	0 12318
1.	NAME OF DECEASED			D HOUR DE DEATH	
		~		13/70	17.15 R.M
F	PLACE IN BALTIMORE, MARYLAND, WHERE PR JUL NAME OF (IF NOT IN HOSPITAL OR (I OSPITAL OR ADDRESS OR LOCATION)		4. USUAL RESIDENCE (When	e deceased lived. If institu TY	tion: residence before odmission)
IN	OSPITAL OR ADDRESS OR LOCATION		C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
也	Theleg Hospit	Rl		202 VI	ES NO
R	V		3905 Seve	en mile	ane
	MINTE WIDO		01-13.00	ost birthdayl M	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
10.	A. USUAL OCCUPATION (Give kind of work 10B. K(N) ne during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreig	n country)	2. CITIZEN OF WHAT COUNTRY
5	1 : a pll a 2 Pr	OTHING CO.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		USA
	moder Ripsy		14. MOTHER'S MAIDEN NAM		
15.	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of serv	1 6. SOCIAL	17. INFORMANT		ADDRESS
1	NO	SECURITY NO. 215-07-4785	xkxxxxxx	*XXXXXXX	XXXXXXXXXXXXXX
-	18. / / / / 🛇 🐧	CAUSE OF DEAT	MRS DORA LIPSY	3905 SEVEN	MILE LANE #21208
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH		SE Recurren	F M.1.	
	(This does not mean the mode at dying,	e.g., (A) IMMEDIATE CAU	A CONSEQUENCE OF:		
	heort failure, asthenia, etc. It means the dise injury ar camplication which coused deoth.)	ase,	TOTAL COLLEGE OF		
	ANTECEDENT CAUSES	1-0	100		
	DISEASES OR CONDITIONS, if any, gi	(B) CO CO AS	A CONSEQUENCE OF:	***************	
	rise to the above couse (A) stating	The	A CONSEGUENCE OF:		
	UNDERLYING CONDITION last.	(C)			
_					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	VAL	-		
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	DR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	OR IF YES, WERE FINE	DINGS CONSIDERED S OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21& PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID	(If in Baltimore Ci	ly, give exoct locotion)
EDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
E	(APPROX.)	While AI No! While			
	22 1 - 25 24 24 24 24 2 2 2 2 2	Work At Work	19/1	7.	7
	22. I certify that (1) (this hospital) attended that (1) (we) last saw the deceased alive	an (2/13/2 7:1	59-19 and that	7	1970
		1 1 1 1		in(my) (aur) apinian	death accurred on the date
	and haur and from the causes stated abov	e. (1) (We) (dld) (dld nat) vi	ew the bady after death.		*
	D 1 - 0	Lace M.D AHa	ding Med. S		DATE SIGNED
	prunne 1	DEGREE Phys	ding Med. S	hys.	12/13/70
	PRATIMA 1	30SE M-1)	3D. ADDRESS heley	Hospi	tal:
24/	BURIAL CREMATION, 24B. DATE 240	C.NAME of CEMETERY OF CRE	MATORY 24D. LOC	CATION (Cir. to	wn, or county) (Stote)
	KEMDY AL ISPECITY!	ETH HAMEDROSH HA	Annual Control	EDALE, MARYLA	
25/		AE OF REGISTRAR	25C. FUNERAL DIRECTOR SOD LEVINSON		ADDRESS EISTERSTOWN ROAD
VS	150-REV. 1/1/68	Leaf Ball	Noon Indiana	21.00.,0010	WIND TO

TON THE PROPERTY OF CONTRACT OF The little of the other seems to be a light masses of

SIGNATURE M.D. **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER Deputy Chief Medical Examiner NAME (Type) Werner U. Spitz 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 12-16-70 SHAAREI ZION. ROSEDALE, MARYLAND 25B NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS SOL LEVINSON & BROS. 6010 REISTERSTOWN ROAD BALTIMORE, MD. 21215 VS 151-REV. 1/1/68

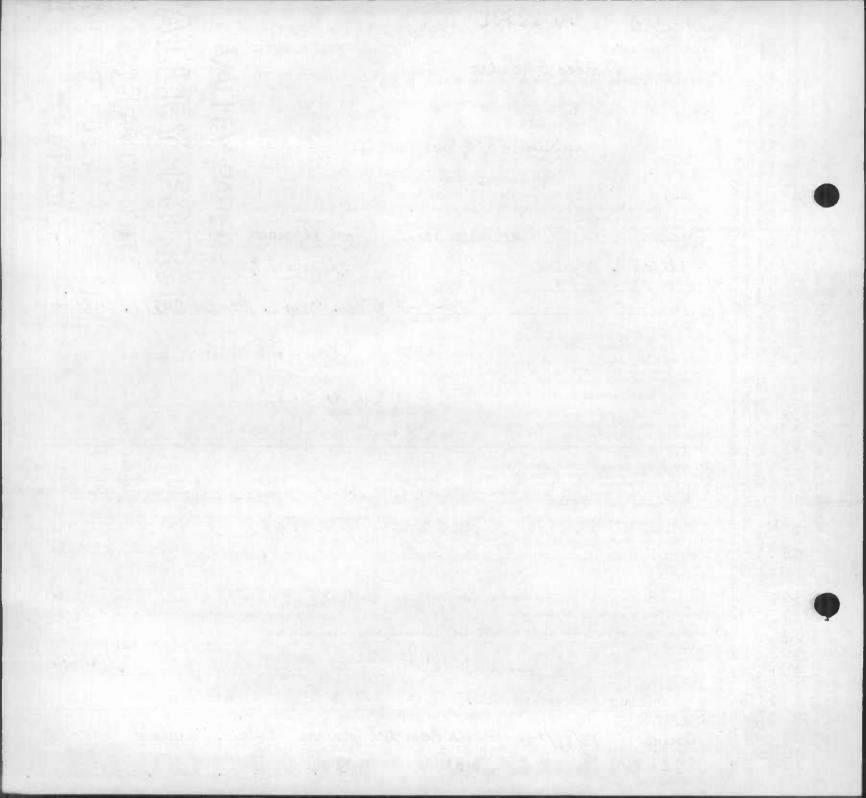


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-625 70 123	BALTIMORE CITY CERTIFICA	Y HEALTH DEPARTMENT	reg. No. 70 12320
I. NAME OF DECEASED		2. DATE AND HOUR	OF DEATH
Type or Printl MRS EMICY	G. HORGAN	12/1	5/70 1 50 200.M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCED DEAD	4. USUAL RESIDENCE (Where decees	ed lived. It institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR I	NSTITUTION. GIVE STREET	Bulling	HOME OF HOSPIAL
HOSPITAL OR ADDRESS OR LOCATION		C. CITY OR TOWN	D. INSIDE CITY LIMITS?
CHURCH POME ON I	11.00 760	BALTO -	YES NO
To the post of the	GOSPITAL	E. STREET AND NUMBER	
		100 N.	BROND WAY 3
WIDO WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (lost birthe 92	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	7	
House w IFE	Home	abenden: 1	(R U. 5-8.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	Q . 3-A
Daniel Gallup			nnie Devoe
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotos of som	1 6. SOCIAL	17. INFORMANT	ADDRESS
	216-18-7850		
NO 118.	CAUSE OF DEAT	Lillian Chambers,	Aberdeen, Maryland
DISEASE OF CONDITION DIRECTLY	CAUSE OF DEAT	n e	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH		Que teno const. R.	deaver. Tiese years.
(This does not meen the mode of dying, heart laiture, asthenio, etc. It means the distinction which coused death.)	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	order of the second
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, it any, g	(B)	A CONSEQUENCE OF:	***************************************
rise to the above couse (A) stating UNDERLYING CONDITION (ast.	(C)	A CONSEQUENCE OF:	
			1 0 0
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG Ca	I among ,	Blada
194 DATE OF OPERATION WAS PERFORMED WAS PERFORMED	FOR WHICH OPERATION	200A. AUTOPSY? (Yes or No. 208. IF	YES, WERE FINDINGS CONSIDERED TIFTING CAUSES OF DEATH?
190y 1968 WAS TENDENTED	CA 1) bladde	100	IIFTING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	218. PLACE OF INJURY (e.g., li home, form, factory, street, of etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	If In Boltimare City, give exact location)
21D. TIME (Month! (Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCC	UR?
OF INJURY (APPROXI	While At Not While		
22. I certify that (i) (this hospital) attend	Work At Work	2/1/	10-11-
that (i) (we) last saw the deceased alive		19 70 and that in (my) (our) apinion deoth occurred on the date
and haur and fram the causes stated obay	/		
23A. SIGNATURE	. 0		238, DATE SIGNED
R. E. Ten	- Dhim	nding Med. Staff	12/1-1-
23 C. PHYSICIAN'S	DEGREE	Director Phys. 23D. ADDRESS	1/1/13/18
NAME (Type)	ACIONPILE	CHUMCH	doll Rato ed
24A. BURIAL CREMATION, 248, DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, tawn, or county) (Stoto)
Barial 12/17/70	Grove Presbyteri	an Cemetery Abendes	
	ME OF REGISTRAR	an Cemetery Aberdee	Tarring Funeral Home
VS 150-REV. 1/1/68	The second of the second	Wille Wickensh	Aberdeen, Md. 21001

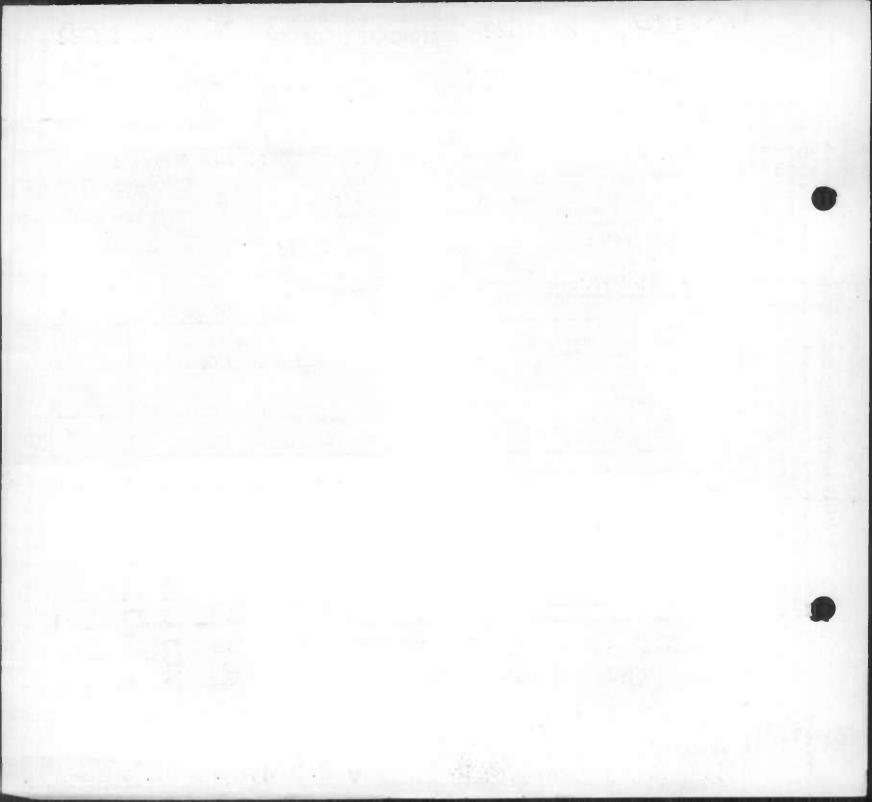
In church Home since 2/4/64

1						ATE OF DEATH			
1, N	AME OF DE						AND HOUR OF DE	EATH	
,,,		Cha	rles B	McGuir	UNCED DEAD		121 01	6	
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IN S	SPITAL OR	ADDRE	SS OR LOCA	TION		C. CITY OR TOWN		INSIDE CI	
3	2/		R-11:			E STREET AND NUMBER		YES	NO NO
_			Date	more C	ity Hospital		lti ore	Street	
. S	EX	6. RACE		7. MAPPIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years		Index 1 Yr. , II Undex
	Male	Wh	ite	WIDOWED		3/6/09	lost birthdoy)	Mon	ths Doys Hours
	USUAL OC	CUPATION (GIV	ve kind of work			Y 11. BIRTHPLACE (State or I		12.	CITIZEN OF WHAT CO
done	(1)	f working life, ex	van if retired)	0 111	1 6. 1	10 .4 1/2			USA
13.	recker FATHER'S NA			Bethle	ehem Steel	West Virgin	NAME		USA
		um M. M	10Cui no			Elizabeth	'Kau		
15. 1		d Ever in U. S			1 6. SOCIAL	17, INFORMANT	ruy		ADDRESS*
(Yes	, na oi unknow	n) (If yes, give	wai oi date	s of service)	SECURITY NO.		A1 C		JZ
	NO				236-05-782 CAUSE OF DEA		Mcquire	3253	Baltimo
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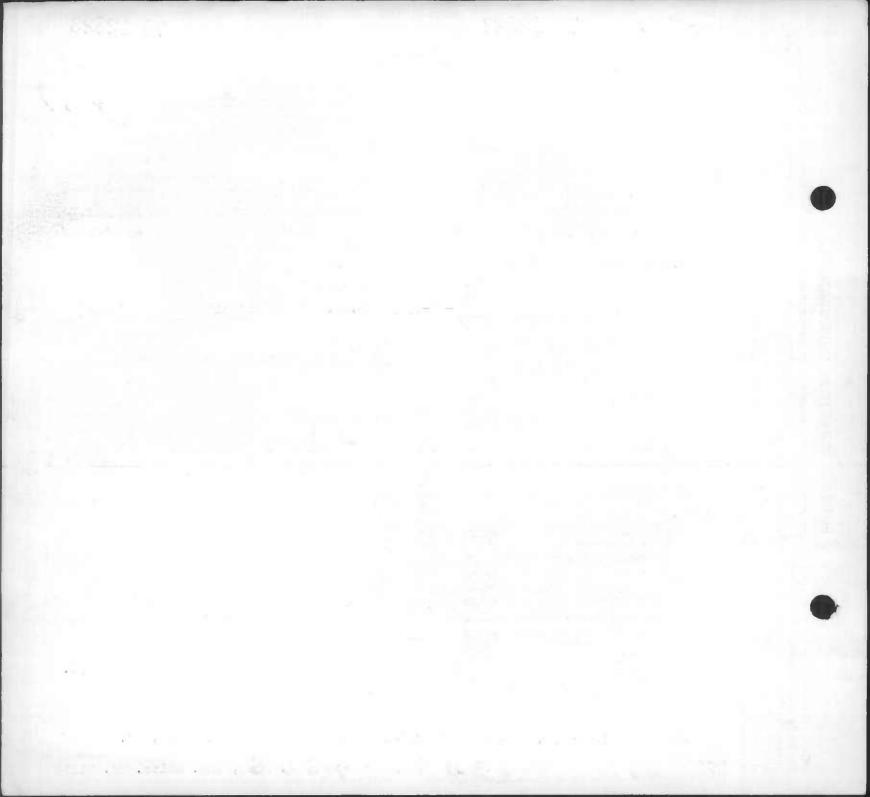


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shaws: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. DEC 21 197

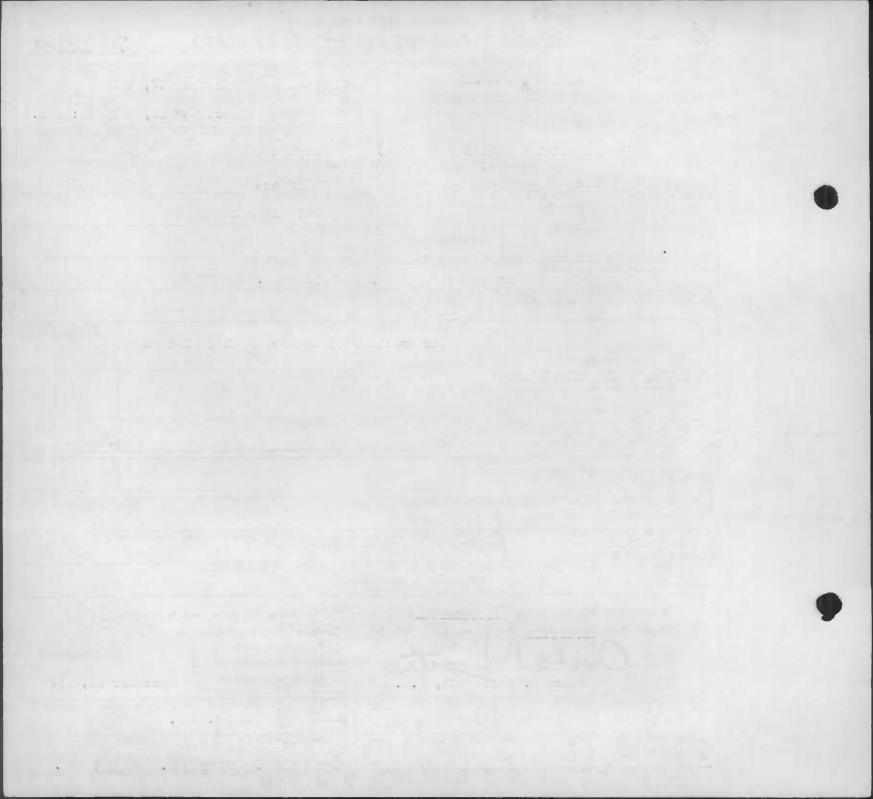
K	((21)	2.3000	BALTIMORE CITY	HEALTH DEPARTA	MENT	
81) - 5 5 0 / () ATH NO.	15355	CERTIFICA	TE OF DEA	TH REG. NO	o7u_12322
	Pe or Print LWC4	EMA ITI		2. [DATE AND HOUR OF DE	
3.	PLACE IN BALTIMORE, MARYLAND, 1	SMITH		4. USUAL RESIDEN	12-18-70 CE (Where deceased lived	of an
FL	ILL NAME OF SIF NOT IN HOSPI	TAL OR INSTITUTION	N. GIVE STREET	A. SIAIE	4LAND	1664
IN	OSPITAL OR ADDRESS OR LOC	MONI	N, OIVE STREET	C. CITY OR TOWN	D.	INSIDE CITY LIMITS?
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10/	USUAL OCCUPATION (Give kind of wor			11. BIRTHPLACE (Stot	e or foreign country)	12. CITIZEN OF WHAT COUNTRY
001	Housewile Housewile			Bedlon	id. Va.	USA
13.	FATHER'S NAME	XXXXXXXXX	XXX	14. MOTHER'S MAIL		0.3/1
	James Bowyer	750467	2.			
(Ye	Was Deceased Ever in U.S. Armed Fo s,no or unknown) (If yes, give war or date		SECURITY NO.	17- INFORMANT		ADDRESS
_	No		CAUSE OF DEAT		rine Smith 30	34 Roberts Place
ERTIFICATION	(This does not mean the made of heart failure, asthenia, etc. It means injury ar camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost. 11 OTHER SIGNIFICANT CONDITION S CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CONWAS PER	any, giving sloling the NTRIBUTING HE TERMINAL IT I (A).	(B) CHRON DUE TO, OR AS (C) HYF	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF	HOCYTTC LE	URE
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)		CE OF INJURY le.g., in m, factory, street, of	or obout 21 C. WHERE	DID (If In 8of	timore City, give exocl location)
MEDI	21D-TIME IMonthI [Doyl [Yeorl OF INJURY [APPROX.]	(Hour) 21E, INJU While At Work	Not While		DID INJURY OCCUR?	
	22. I certify that (I) (this hospital that (I) (we) last saw the decease and have and from the causes star	d alive an/	2-18			aplaian death accurred on the date
	23A. SIGNATURE (Replication)	Interno	Morgree Phys	iding Med.	Shoff To	23 B. DATE SIGNED
24/	BURIAL CREMATION, 248, DATE REMOVAL (Specify)	STEIN 124C. NAME .	MD DEGREE		AI HOSP	City, town, or countyl (State)
25/	DATE REC'D BY HEALTH DEPT.	25B. NAME OF REC		etery 25C. FUNERAL DI	Baltimore, 1	hanyland ADDRESS
DE	CZI 1970 Robert E.	colley M.D.	0 0 0		Noran, Inc. 30	000 C. Baltimore St.



BIRTH NO.		12323	,	HEALTH DEPARTMENT	1000	b. 1922K
		1. C V/G C	CLKTIFICA	TE OF DEATH	REG. NO	70 12323
Type or Print	PAULINE RIC	HARDS	ON SKRARREY		AND HOUR OF DEAT	
	LTIMORE, MARYLAND, W				here deceased lived. If	Institution: residence before admission)
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOWN	WILL XXXXXXXXXXXXX	101
4/ Uno	n Henoral	Hosp	ulal	BALTIMORE	5	YES NO NO
Ballin	on MARYLAN	VD 2/2	1/8	E. STREET AND NUMBER	RSLIE AVE	
5. SEX	6. RACE WHITE	WIDOWED		8. DATE OF BIRTH 08-06-11	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
done during most of	Working life, even if retired)	IOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or for MARYLAN)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA	N RICHARD	SON		14. MOTHER'S MAIDEN N		
Yes, no or unknow	Ever in U. S. Armed Formal [If yes, give wor ar dote	es? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
KKKKY ON	- William		212-01-7707	Mr. R. Edward	Stitely	(Same)
	nplication which caused ANTECEDENT CAUSES		(0)			
OTHER SIGNI	OR CONDITIONS, if a above cause (A) G CONDITION last. II FICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PART	Stating the	(c)	A CONSEQUENCE OF:		
OTHER SIGNITO THE DEA	e above cause (A) G CONDITION last. II FICANT CONDITIONS CO! TH BUT NOT RELATED TO JONDITION GIVEN IN PAR	Stating the		20A. AUTOPSY? (Yes or	No) 20B, IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH?
NO OTHER SIGNION TO THE DEAL OF THE DEAL O	e above cause (A) G CONDITION last. II FICANT CONDITIONS CO! TH BUT NOT RELATED TO JONDITION GIVEN IN PAR	Stating the NTRIBUTING IE TERMINAL I I (A). DITION FOR V ORMED P	VHICH OPERATION PLACE OF INJURY (e.g., ire, foctory, steet, all			E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exoct location]
other signification of the Dead of Contribution of the Dead of	e above cause (A) G CONDITION last. FICANT CONDITIONS CONTINUES C	Stating the NTRIBUTING IE TERMINAL I 1 (A). OTHON FOR V ORMED PM Hometcal (Hour) 21E.	VHICH OPERATION STATES OF INJURY (e.g., infoctory, street, off	20A. AUTOPSY? (Yes or No obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltime	
or contribution of injury (APPROX.)	e above cause (A) G CONDITION last. FICANT CONDITIONS CO! ITH BUT NOT RELATED TO ITH CONDITION GIVEN IN PART FOPERATION 1798 CONI 7/1970 WAS PERF NT WAS UNDERLYING UTING CAUSE OF medicol exomined (Monthi (Doyl (Year)	Stating the VIRIBUTING IE TERMINAL I 1 (A). ORMED PAR Hometcal (Hour) 21E, Whi Wor	VHICH OPERATION STATES OF INJURY (e.g., iree, form, foctory, street, all INJURY OCCURRED to At Work at Work to decegsed from	20A. AUTOPSY? (Yes of NO) Tor obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltime	ore City, give exact location]
NO OTHER SIGNI TO THE DEAD DISEASE OR CO. 19A-DATE. OF CO	e above cause (A) G CONDITION last. FICANT CONDITIONS CO! TH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR! F OPERATION 198. CON! WAS PERF NT WAS UNDERLYING UTING CAUSE OF medical examined (Monthil (Doyl (Year) that (1) (this hospital)	NTRIBUTING IE TERMINAL 1 1 (A). DITION FOR VORMED PM (Hous) 21E. Whit Wor attended the	VHICH OPERATION Shall be deceased from 1970	20A. AUTOPSY? (Yes or NO) Tor obout 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID ft	IJURY OCCUR?	ore City, give exact location]
NO OTHER SIGNI TO THE DEAD DISEASE OR CO. 19A-DATE. OF CO	e above cause (A) G CONDITION last. II FICANT CONDITIONS COITH BUT NOT RELATED TO THE LONDITION GIVEN IN PARTY OF THE PROPERTION TO THE LONDITION GIVEN IN PARTY OF THE LONDITION GIVEN WAS PERFORM WAS PERFORM TWO CAUSE OF THE LONDITION CAUSE OF THE LON	NTRIBUTING IE TERMINAL 1 1 (A). DITION FOR VORMED PM (Hous) 21E. Whit Wor attended the	VHICH OPERATION Shall be deceased from 1970	20A. AUTOPSY? (Yes of NO) Tor obout 21C. WHERE DID fice bldg., INJURY OCCUR?	IJURY OCCUR?	ore City, give exact location] 12/14/1970 Dinlan death occurred on the date
OTHER SIGNI TO THE DEA DISEASE OR C 19A-DATE OF DOTO TO THE DEA DISEASE OR C 19A-DATE OF DEATH (nosify CAPPROX.) 21 L certify that (X) (we) and hour on	e above cause (A) G CONDITION last. II FICANT CONDITIONS COITH BUT NOT RELATED TO THE LONDITION GIVEN IN PARTY OF THE PROPERTION TO THE LONDITION GIVEN IN PARTY OF THE LONDITION GIVEN WAS PERFORM WAS PERFORM TWO CAUSE OF THE LONDITION CAUSE OF THE LON	NTRIBUTING IE TERMINAL 1 1 (A). DITION FOR VORMED PM (Hous) 21E. Whit Wor attended the	PLACE OF INJURY (e.g., ire, form, foctory, street, all work in deceased from 1970 (We) (did) (did not) vi	20A. AUTOPSY? (Yes of NO) Tor obout 21C. WHERE DID ice bidg., INJURY OCCUR? 21F. HOW DID ft	(If in Boltime	ore City, give exact location] 12 19 70 Dinlan death occurred on the date 23B. DATE SIGNED
OTHER SIGNI TO THE DEA DISEASE OR C 19A-DATE OF DOTO TO THE DEA DISEASE OR C 19A-DATE OF DEATH (nosif) DEATH (nosif) DEATH (nosif) TO THE DEA DISEASE OR C 19A-DATE OF DEATH (nosif) DEATH (nosif) TO THE DEA DISEASE OR C 19A-DATE OF THE DEATH (nosif) TO THE DEA DISEASE OR C 19A-DATE OF THE DEATH (nosif) TO THE DEA THE DEATH (nosif) TO THE DEAT	e above cause (A) G CONDITION last. II FICANT CONDITIONS COITH BUT NOT RELATED TO THOONDITION GIVEN IN PART OPERATION 198. CONITY WAS PERFORMED CAUSE OF medical examined (Manthi (Dayl (Yearl Institute of the Control	NTRIBUTING IE TERMINAL 1 1 (A). DITION FOR VORMED PM (Hous) 21E. Whit Wor attended the	VHICH OPERATION PLACE OF INJURY (e.g., iree, off off operation) INJURY OCCURRED IN More White At Work At Work The deceased from 1970 Wee) (did) (did not) vi	20A. AUTOPSY? (Yes or No. 1) or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID ft 21F. HOW DID ft 21F. HOW DID ft 21F. HOW DID ft 21F. HOW DID ft	IJURY OCCUR? 19 ZQ_to_ that in (mg) (our) op Staff Phys. EMOKIAL	ore City, give exoct location] 12/14/1970 Dinian death occurred on the date 12/16/70 Hospital
NO OTHER SIGNI TO THE DEA DISEASE OR CO 19A-DATE OF DEATH (notify that (X) (we) and hour on 23A-SIGNATI 23C-PHYSICIA 23C-PHYSICIA	e above cause (A) G CONDITION last. II FICANT CONDITIONS CO! TH BUT NOT RELATED TO THONDITION GIVEN IN PART F OPERATION 198. CONI WAS PERF NT WAS UNDERLYING UNITING CAUSE OF medicol examined (Monthi (Doyl (Year) that (1) (this hospital) lost saw the deceased d from the causes state URE WASTON, 248. DATE Specifyl	Slating the NTRIBUTING IE TERMINAL 11 (A). DITION FOR WORMED Pan (Hour) 21E. Whi Wor attended the d olive on ed abave. (f)	VHICH OPERATION PLACE OF INJURY (e.g., ire, form, foctory, street, off INJURY OCCURRED Not While At Work The deceased from DEGREE DEGREE ME of CEMETERY of CRE	20A. AUTOPSY? (Yes or NO	IJURY OCCUR? 19 70_to_ that in (mg) (our) op Shaff Phys. **EMOK! AL HALYLA, LOCATION (C.	22 fla 1970 Dinlan death occurred on the date 23B. DATE SIGNED 12/16/70 . Hospital ND 2/2/8 . City, town, or countyl (State)
OTHER SIGNITION THE DEAD DISEASE OR CO 19A-DATE OF CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (X) (we) and hour on 23A. SIGNATION NAME (C) 24A. BURIAL CRE REMOVAL (Burial	e above cause (A) G CONDITION last. FICANT CONDITIONS CO! ITH BUT NOT RELATED TO TION TO NOTION GIVEN IN PAR. F OPERATION 198. CONI WAS PERF OF MAS UNDERLYING UTING CAUSE OF medicol examined (Month! (Doyl (Year) that (1) (this hospital) lost saw the deceased from the causes state JRE JAMES WYS WAS LINES WAS UNDERLYING UTING CAUSE OF MEDICAL	Slating the NTRIBUTING IE TERMINAL 11 (A). DITION FOR WORMED Pan (Hour) 21E. Whi Wor attended the d olive on ed abave. (f)	VHICH OPERATION PLACE OF INJURY (e.g., ire, form, foctory, street, all INJURY OCCURRED IN More While Al Work IN More deceased from Al (Al Work) IN MORE MATERIAL ATTENDED DEGREE Phys DEGREE Land Memorial	20A. AUTOPSY? (Yes or NO	(If in Boltime IJURY OCCUR? 19 70 to that in (my) (our) op Staff Phys. IEMOKIAL HPKYLA, LOCATION (C) Baltimo	23B. DATE SIGNED 12/16/70. Hospilal ND 2/2/8.



BETWEEN ONSET AND DEATH I certify that I held on Inquiry Inspection Autopsy and that on this basis, death in my opinion resulted from: Notural couses X Accident Sulcide Homicide __ Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S ASSOCIATE MEDICAL EXAMINER Charles S. Springate, M.D. December 18, 1970 NAME (Type) 24A. BURIAL CREMATION. 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) REMOVAL (Specify) Gardens of Faith Balto. Md. 12/21 Burial 25 A BATE REGIO BY HEALTH DEPT 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR **ADDRESS** HAI. Balto, Md. Ruck Inc. VS 151-REV. 1/1/68



24C, NAME of CEMETERY or CREMATORY

258. NAME OF REGISTRAR

Union Hill Church Cemetery

24D. LOCATION

25C. FUNERAL DIRECTOR

Leonard

(City, town, or county)

ADDRESS

Relief, North Carolina

J. Ruck, Inc. Balto. Md. 21214

24A. BURIAL CREMATION.

25 A. DATE REC'D BY HEALTH DEPT.

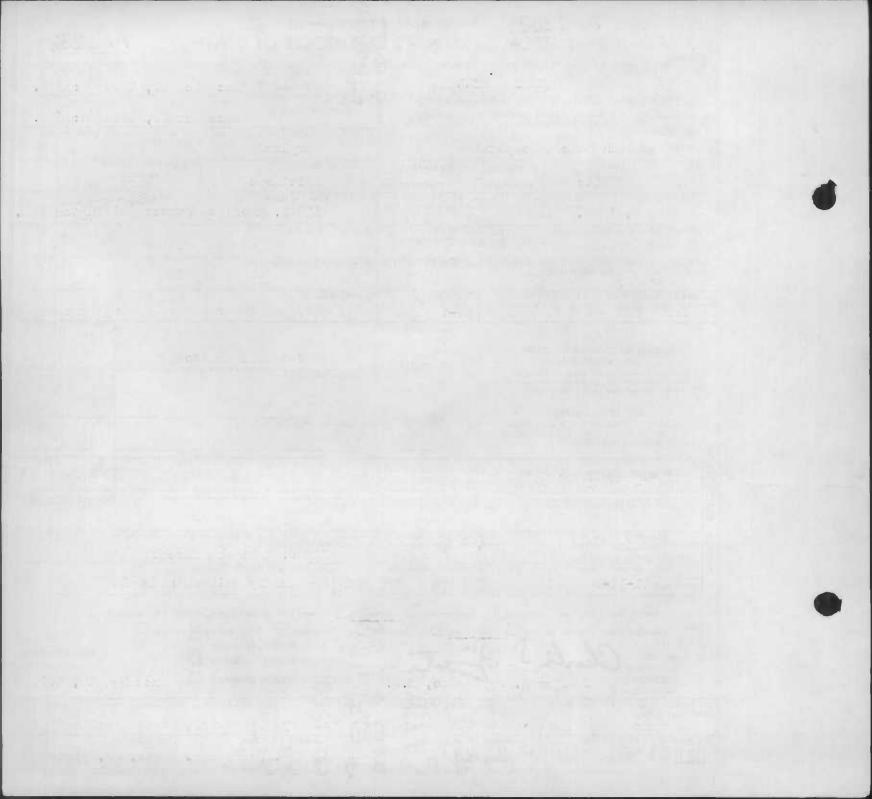
REMOVAL (Specify)

DEC 21

VS 151-REV. 1/1/68

24B. DATE

12/20/70.



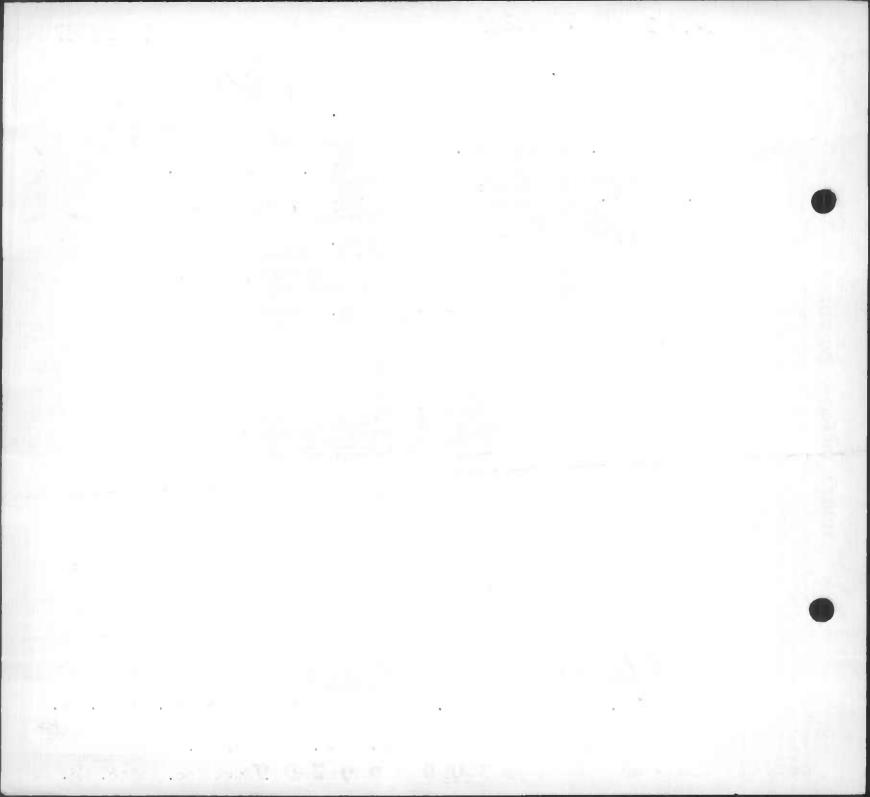
IMPORTANT DIRECTOR: FUNERAL

CERTIFICATE OF DEATH Such a hospital and death (5) Deceased I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI canse; C. CITY OR TOWN 0 Lhmore prior contributing E. STREET AND NUMBER occurred etermined is made in regular 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years deceased lost birthdoy 6 DIVORCED WIDOWED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) death disposition done during most of working life, even if retired) OF (4) Und Grocer A12e Balto., Md. SD 13. FATHER'S NAME the direct 14. MOTHER'S MAIDEN NAME 3 assistant eath uo kind; 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORM ANT final (Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. attendance 0 ES 2-09-035 any pronounced 0 18. CAUSE OF DEATH A So. DISEASE OR CONDITION DIRECTLY of embalmed LEADING TO DEATH (3) A fracture (This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: by the chief medical examiner examiner. gular injury or camplication which caused death.) ANTECEDENT CAUSES who re GLO DISEASES OR CONDITIONS, if any, riso to the abave couse (A) stating the 5 physician UNDERLYING CONDITION last. remains Was burns; CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). the (2) Body the 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION by a CERTIFI WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (except where 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? the body was released to the hospital No DEATH (notify medical examined) of any nature; ined MEDI 21 D. TIME OF INJURY 9 (Month) (Doyl (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? approved Not While While At (APPROX.) Work At Work and obtai 22. I certify that (1) (this hospital) attended the deceased fram that (I) (we) last sow the deceased olive on. 99 eath) hospital This certificate must be and haur and from the causes stated above. (1) (We) (did) (did nat) view the body after death. must shows: (1) An accident 23A. SIGNATURE D Attending 0 Director approval Phys. at a prior 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS D.O.A. 24A. BURIAL CREMATION, 24B. DATE eceased 24C. NAME OF CEMETERT OF CREMATORY 24D. LOCATION written Burial 12-21 Loudon Pk. Balto., Md. Mas 25A. DATE REC'D BT HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV, 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before A. STATE B. COUNTY D. INSIDE CITY LIMITS? YES 💢 NO Il Under 1 Yi. Il Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS park Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPST? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) and that in (my) (our) apinion death accurred on the date 23B, DATE SIGNED (City, town, or county) (Stote) ADDRESS Leonard J. Ruck, Inc., 5305 Harford Rd

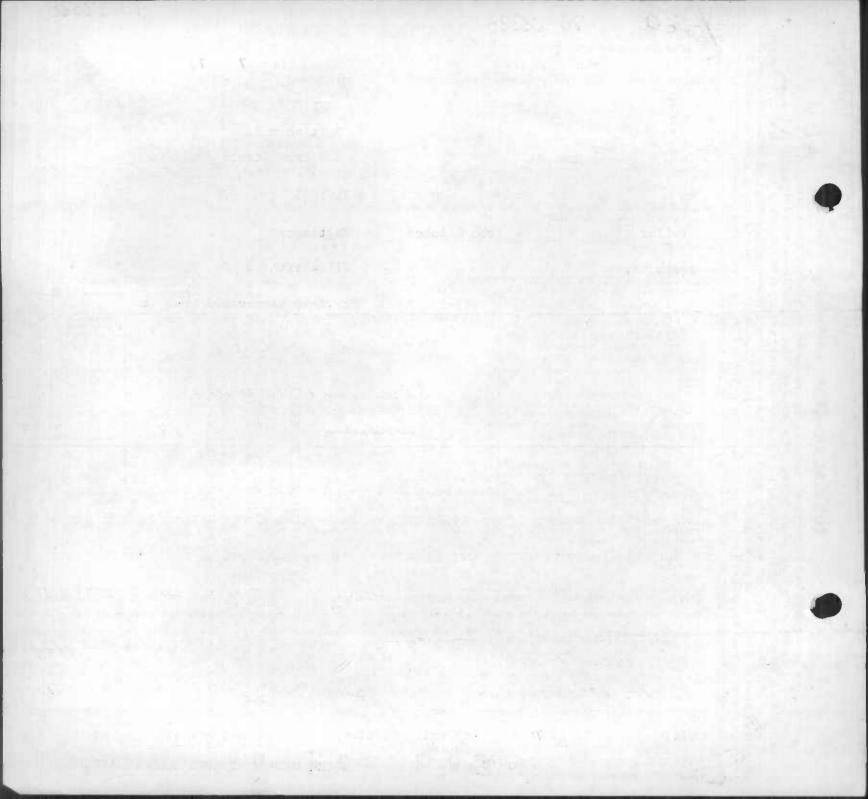
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	4 151 70:	12327 BALTIMORE CITY	HEALTH DEPARTMENT	2 4.2000			
RI	RTH NO.	CERTIFICA	TE OF DEATH REG. NO	10 12321			
1.	NAME OF DECEASED		2. DATE AND HOUR OF DEAT	ш			
	John A.	Hobner	12/18/70	1 /130 1			
3.	PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived. If				
II H	JLL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCAT	OR INSTITUTION, GIVE STREET	Md.	ISIDE CITY LIMITS?			
	A 017 0 Hz -13	A	Baltimore	YES NO			
1	217 S. High]	land Ave.	E. STREET AND NUMBER 217 S. Highland Ave				
5.	SEX 6. RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years				
	W.	WIDOWED DIVORCED	July 18, 1924 46	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
do	A. USUAL OCCUPATION (Give kind of work 10 ne during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or loreign country)	12. CITIZEN OF WHAT COUNTRY			
41.		Post Office	Md.	USA			
13.	FATHER'S NAME	000 011100	14. MOTHER'S MAIDEN NAME	ODA			
	John Hobner		Katherine Teben				
15.	Was Daniel S. J. H. C. A. A.F.	s? 1 6. SOCIAL	17. INFORMANT	ADDRESS			
(16	yes WW2	of service) SECURITY NO.	Mrs. Margaret Hobner				
	18. 492XI	CAUSE OF DEATH		APPROXIMATE INTERVAL			
1	DISEASE OR CONDITION DIREC	CTLY	(9) 4 (8)	BETWEEN ONSET AND DEATH			
	(This does not mean the mode of d	(A) IMMEDIATE CAU		MI b. suddin			
	heart lailure, asthenia, etc. Il means th	e disease.	A CONSEQUENCE OF:				
	injury or complication which caused de	D 1	has II to to I				
	ANTECEDENT CAUSES	(B)	A CONSEQUENCE OF:	17 Mo.			
	DISEASES OR CONDITIONS, if any		A CONSEQUENCE OF:				
	UNDERLYING CONDITION last.	(c)	1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 -				
	11						
ATION	OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO THE	TERMINAL					
ICA	19A. DATE OF OPERATION 19B. CONDIT	(A).	20A ALIZOREYS (V N) COR IT YOU ALIZO				
CERTIFIC	WAS PERFOR	EMED THE THE	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?			
CEI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID (If to Boltime	Clara discount for the last			
AL	DEATH (notify medical examinet)	home, form, foctory, street, off	ice bldg., INJURY OCCUR?	ore City, give exect focotion)			
EDIC		Hour 21E INJURY OCCURRED					
ME	OF INJURY (APPROX.)	While At Work Work Not While At Work	21F. HOW DID INJURY OCCUR?				
	22. I certify that (I) (this hospital) o	ttended the deceased from D	ec-6, 1966 19 to De	c. 18, 1970 19			
	that (I) (we) lost saw the deceased (9 19 70 and that In(my) (our) op	Inion death occurred on the date			
	and hour and from the causes stoted	above. (1) (We) (dld) (dld not) vi	ew the body after death.				
	23A. SIGNATURE 23B. DATE SIGNED						
	1.1. In	OEGREE Phys.	ding Med. Staff Phys.	Dec. 19, 1970			
	23C. PHYSICIAN'S NAME ITypel		3D. ADDRESS				
	A. Silver	MD.	6210 Park Heights Av	e. Balto. Md.			
24/	BURIAL CREMATION, 248 DATE	24C. NAME of CEMETERY OF CREA		ity, town, or county) (Stote)			
-	Burial 12/21/7		. Gdns. Essex, Md.				
254	DEATH MANAGEMENT AND	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS			
	150-REV. 1/1/68	4266 7480 0 0	2 Peonard J. Ruck Inc	. Balto. Md.			

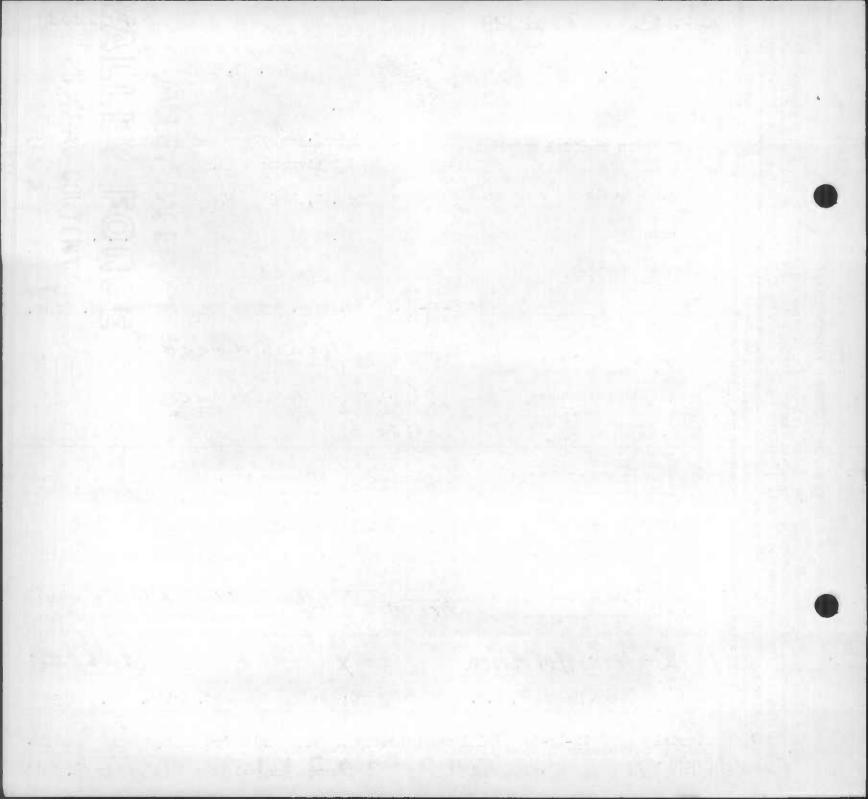


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1/ - 1 >	9*		BALTIMORE CITY	HEALTH DEPARTMENT		70 1,2328
Y-560	76 3	.2328	CERTIFICA	TE OF DEATH	REG. NO	
PIRTH NO.			CLITTICA			
I. NAME OF DE	CEASED				AND HOUR OF DEAT	Н
(Type or Print)	John Yai	mmer		Dec	: 17 1970	M
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO		institution: residence before admission)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland		1605
HOSPITAL OR	ADDRESS OR LOCA	(NOITA		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
				Baltimore		YES NO
1010				E. STREET AND NUMBER		110
00	435 Drew	C 4		435 Drew S		
	433 DIEM) L		455 DIEW	rieet	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
			= =	6 3/ 7805	lost birthdoy	Months Doys Hours Min.
M	W	WIDOWED		6-24-1895	75	
		108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
	working life, even if retired)		01. 1	2		
Tailo	r	Le	bo Cltohes	Baltimore		
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN	IAME	
-				m1 1 1 11	0	
Joseph	Yammer			Elizaberth	?	
5. Wos Deceose	d Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
res, no or unknow	n) (If yes, give wor or dote	s of service	SECURITY NO.		125 5	0.4
			215-03-6594	Mrs.John Yar	mmer 435 Dre	M St
18.	X		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DI	BECTLY				BETWEEN ONSET AND DEATH
DISEA	LEADING TO DEATH	RECILI		A CONSEQUENCE OF:	Lui	
(This does		duine on	(A) IMMEDIATE CAL	ISE Was far	~~~~	
	not meon the mode of , asthenio, etc. II meons		DUE TO, OR AS	A CONSEQUENCE OF:		
	mplication which caused					
1 ' '	ANTECEDENT CAUSES		Parc	inour of the	unlet.	
	ANTECEDENT CAUSES		(8)	e regarded of con	1-11-1	
DISEASES	OR CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the	ne obove cause (A)	stating the	an	enua		
UNDERLYIN	G CONDITION lost.		(c)			
	11					
O OTHER SIGN	FICANT CONDITIONS CO	NITRIBUTING				
E TO THE DEA	TH BUT NOT RELATED TO T					
A DISEASE OR	CONDITION GIVEN IN PAR	RT 1 (A).	***************************************	*****		
19A. DATE O	F OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
E	WAS PER	PORMED			IN CERTIFIED C	AUSES OF BEATH:
19A. DATE O	ENT WAS UNDERLYING	218	PLACE OF INTERY (e.g., i	n or obout 21C. WHERE DID	/If in Boltim	note City, give exact location)
OR CONTRIB	UTING CAUSE OF	hon	ne, form, foctory, street, o	ffice bldg., INJURY OCCUR	(II III DOMAIN	Tore City, give exect locotion.
▼ DEATH (notif	y medical examined	etc.)			
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		ted abave. (I) (We) (did) (did not)	riew the bady after deat	h.	
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//			DEGREE			
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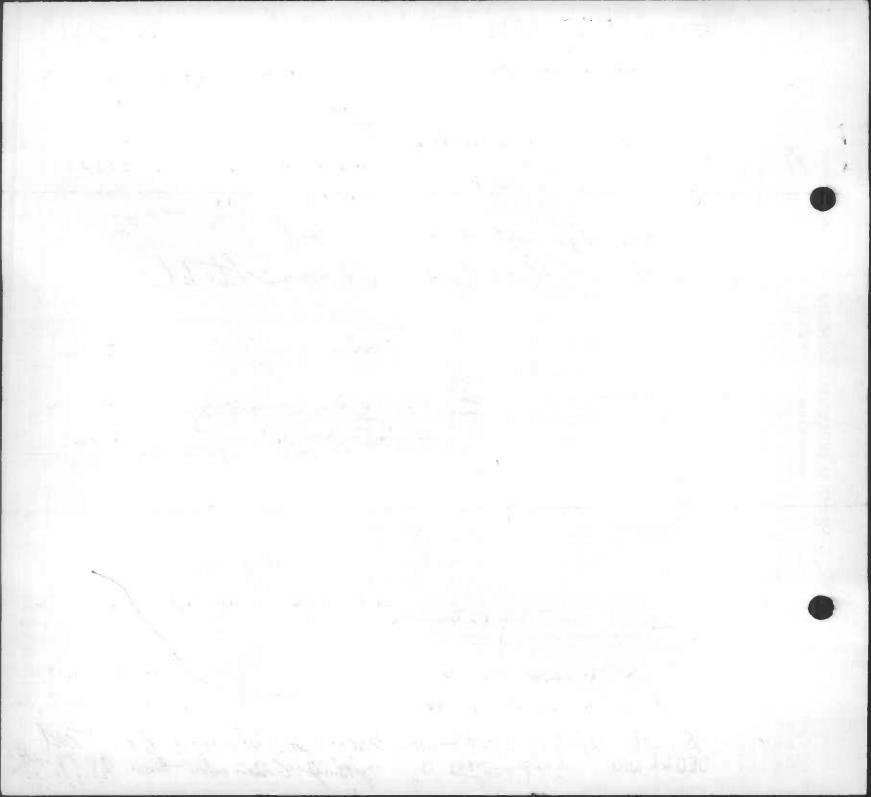


1. NAME OF DECEASED (Type or Print)						2. DATE AND HOUR OF DEATH				
Emma J. George				Dec. 12, 1970 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admis			sea before admission			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				A. STATE	8. COUN	TY	i ilistitution, lesidei	ce before domission		
FULL NA	L OR	ADDRESS	OR LOCA	L OR INSTITU	TION, GIVE STREET	Md.	WN	10.11	NSIDE CITY_LIMITS	2000
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' /							iverthor			
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	usewif	e		Homen	naker	Maryl			U.S.A	
3. FATH	ER'S NAME					4. MOTHER'S	MAIDEN NAM	A/ E		
		upfeld			1/ 100111		ma Seit	Z		Becc
Yes, no o	unknawn) (If	yes, give w	var or dotes	af service)	SECURITY NO.	17. INFORMAN	41		ADI	21220
No					212-03-4405		H. Geor	ge 202 Ri		
18.	7			F. 0. T. W	CAUSE OF DEAT	0.0		//		ROXIMATE INTERVAL EN ONSET AND DEAT
		OR CONDI		ECTLY		41	oans	allan	2:	
	does not	meon the	LEADING TO DEATH (A) IMMEDIATE CAUSE STEAM ARACK .							
(This does not mean the mode of dying, e.g., heart failure, astheria, etc. It means the disease, injury or complication which coused death.)										
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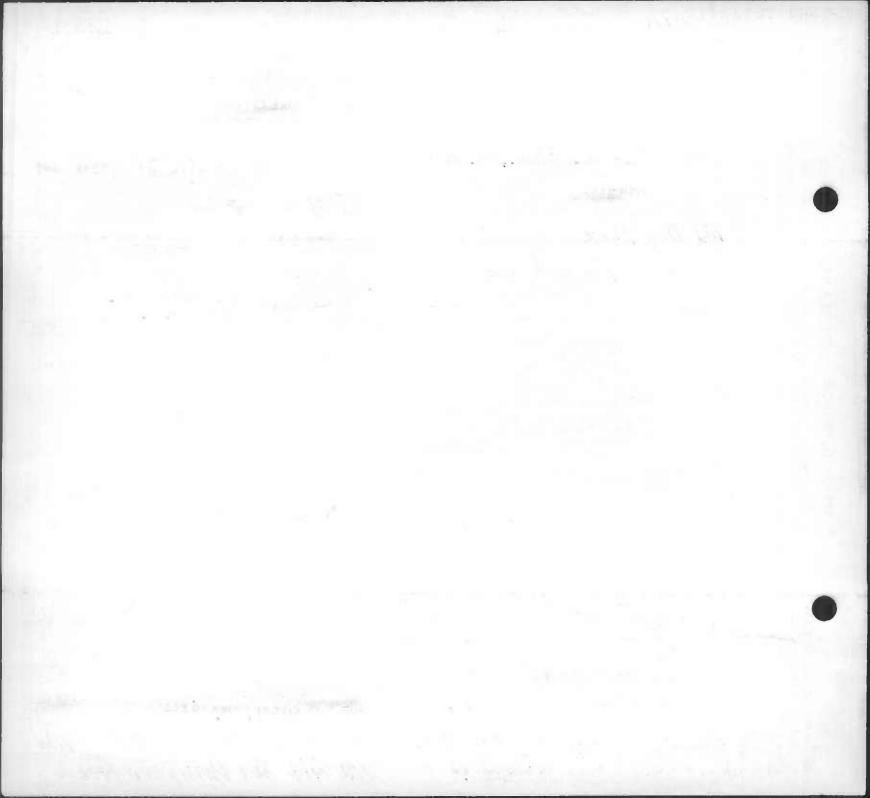
This certificate must be appraved by the chief medical examiner or his assistant if death accurred in a hospital and the bady was released to the haspital by a medical examiner. Also, if the direct or contributing cause of death shaws: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician who pronaunced death was in regular attendance on the deceased prior ta death); and (6) Na physician was in regular attendance an the deceased priar to death. Such written appraval must be obtained before the remains are embalmed or final disposition is made.

	1 . 22	BALTIMORE CITY	HEALTH DEPARTMENT			
1/	7-623 70 1230	20	TE OF DEATH	REG. NO. 7	0 12330	
3 51	TH NO. AME OF DECEASED	CERTIFICA				
(Typ	of de Print MILDRED HARGE	77	2. DATE AND HOUR OF DEATH			
	PLACE IN BALTIMORE MARYLAND, WHERE PE		4. USUAL RESIDENCE (Where deceased lived, il institution; residence before admission)			
FU	LL NAME OF (IF NOT IN HOSPITAL OR II	NSTITUTION CIVE STREET	A. STATE B. COUNTY		18112	
HO	SPITAL OR ADDRESS OR LOCATION)	ASTRONOM, GIVE STREET	C. CITY OR TOWN	D. INSIDE	CITY LIMITS?	
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IOA.	USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stota or foreign	country) 1	2. CITIZEN OF WHAT COUNTRY?	
	Dayse well a	t Home	5ml.		V5A	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	21 - 0		
	William 120	litus.	Doneriene Oc	Halel		
15. V	Was Decoosed Ever in U. S. Armed Forcas?	1 6. SOCIAL	17. INFORMANT	June	ADDRESS	
	no	30	chas			
Name and Address of the Owner, where	18. 796.0	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
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	rise Ia tha abave cause IA) stating UNDERLYING CONDITION last.	the Z C Respir	Lon dranticion	9	2 000	
	11	210				
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG 3		0		
	TO THE DEATH BUT NOT RELATED TO THE TERMINOLOGY OF		***************************************		***************************************	
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION I	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.)	N CERTIFYING CAUSES	OINGS CONSIDERED OF DEATH?	
1101	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., Inhame, form, loctory, street, off	or about 21 C. WHERE DID	(If In Boltimore Cit	ty, give exact location)	
AL.	OR CONTRIBUTING CAUSE OF DEATH (notify medical axaminer)	hame, form, loctory, street, off	ica bldg. INJURY OCCUR?		,, ,	
EDIC	21 D. TIME (Manth) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?		
15	OF INJURY (APPROX.)	While At Wark				
	22. I certify that (I) (this hospital) attend		November 10	10 15 Dec	19)	
11 1	that (1) (we) last saw the deceased alive				death accurred on the date	
11 1	· ·		ew the hady after death.		de de la contra del contra de la contra de la contra del la contra de la contra de	
and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE						
	Mark M. Dools	ed MD DEGREE Phys.	ding Med. Sta	#.B 13	5 December, 1970	
	23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS		1) 0 5	
	MARK M. OPPLER	GEGREE (C)	Umwershy o	1 Montand	Itap. Bollong	
24A	BURIAL CREMATION, 24B. DATE 24	C. NAME OF CREATERY OF CREATER	MATORY 24D. POC	MON Cicity, to	own, or county) (Stote)	
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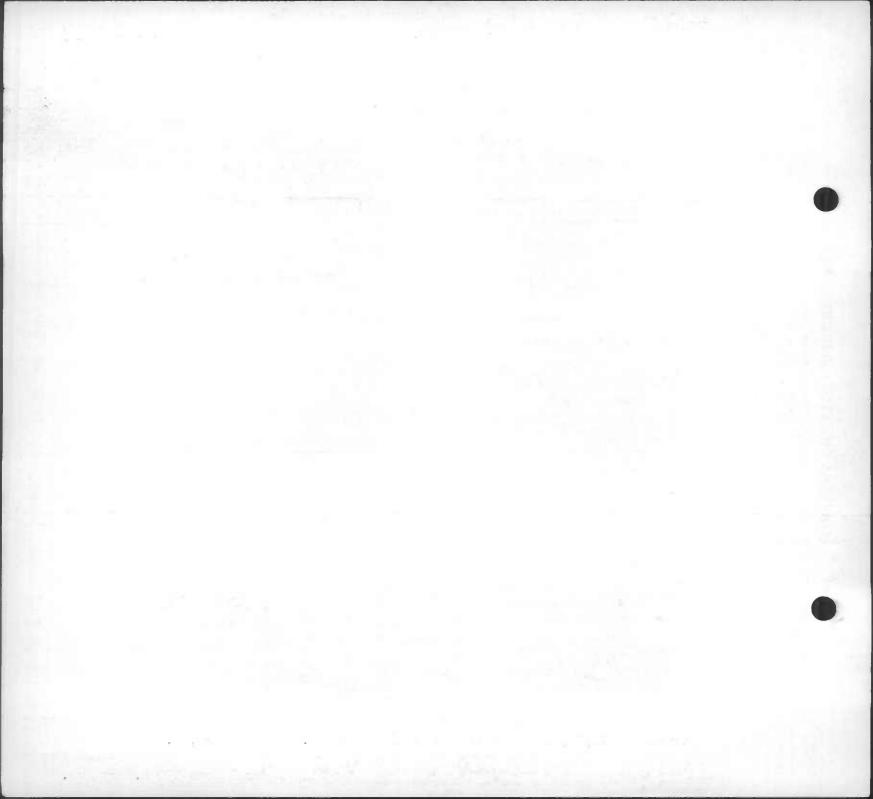


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as as as as a second
This certificate must be approved by the chief medical examiner or his assistant if death occurred in o ho the body was released to the hospital by a medical exominer. Also, if the direct or contributing couse shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined couse; (5) was D.O.A. at a hospital (except where the physician who pronounced death was in regulor ottendordeceosed prior to death); and (6) No physician was in regulor attendonce on the deceosed prior to death written approval must be obtained before the remains are embalmed or final disposition is mode.
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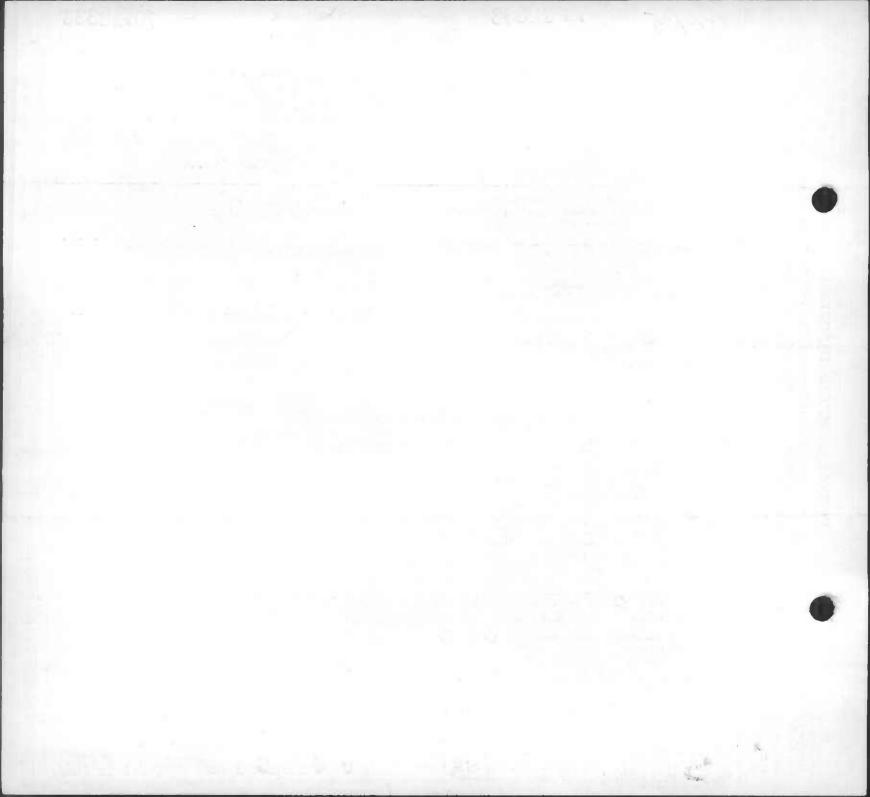
16	2.240 70 1233	BALTIMORE CITY				70 12331
BI	RTH NO.	CERTIFICA	TE OF	DEATH	REG. NO.	10 75007
	NAME OF DECEASED			2. DATE A	NO HOUR OF DEATH	
	Passchier, He	MLA		12	115/20	1 900 PM.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL A. STATE	RESIDENCE (Who	ere deceased lived, If in	stitution: residence before admission
HH	LL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	ASTITUTION, GIVE STREET	C. CITY OR		D. INSI	IDE CITY LIMITS?
19	10 11 0-1 11		Ba	1+.		YES TO NO T
P	Palt. City Hock. 4940 Eastern Ave. Balto.	, Md. 21224		AND NUMBER	S. Castle	
5.	SEX 6. RACE 7. AS AD	RIED ANEVER MARRIED	B. DATE OF	SIPTH		
	Male White woo	WED DIVORCED	8/	3/01	9. AGE (In yours lost birthdoy)	Months Doys Hours Min.
dop	USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPL	ACE (Stote or for	eign Countryl	12. CITIZEN OF WHAT COUNTRY?
	d. DR4 DOCK			Virginia		U.S.A.
13.	FATHER'S NAME			R'S MAIDEN NA	ME	
	Jacob PASSChIE	2 R		Cora		
15.	Was Decoosed Ever in U. S. Armed Forces? s,no or pinknown) (If yes, give wor ar doles of serv	16. SOCIAL	7. INFORM			ADDRESS
(Te	s, no or anknown) (If yes, give wor ar dotes of serv	SECURITY NO. 091-16-6682	DC.	H-Records	4940 Easte	ern Ave.
	700			n=necords	Baltimore.	
	18.	CAUSE OF DEATH				APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			,		
	(This does not mean the mode of dying,	(A) IMMEDIATE CAUS		accinent	a of The Lux	LQ
	heart failure, asthenia, etc. It means the dise	e.g., DUE TO, OR AS A	CONSEQUE	NCE OF:	9	0
	injury ar camplication which caused death.)					
	ANTECEDENT CAUSES	(B)				
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS A	CONSEQU	ENCE OF:		
	UNDERLYING CONDITION last.	(C)				
	11					
O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG				
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMIP DISEASE OR CONDITION GIVEN IN PART 1 (A).					
ERTIFICATION	19A-DATE OF OPERATION 19R CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AU1	OPSY? (Yes or No	10 208 IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
U.	21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g., in	or obout 210	WHERE DID	(If In Boltimore	City, give exect location)
N O	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	hame, form, foctory, street, offi- elc.)	ce bidg., IN.	URY OCCUR?		
MEDI	OF INJURY (Month) (Doy) (Your (Hour)	21E INJURY OCCURRED		HOW DID INJ	URY OCCUR?	
2	(APPROX)	While At Work At Work				
	22. I certify that (1) (this hospital) attend		13		20.20	12000
	that (4) (we) last saw the deceased alive		19	1.50	19 <u>70 ta De</u> lat In(my) (our) oplr	nian death accurred an the date
	and haur and fram the causes stated abov	e. (i) (We) (did) (d id not) vic	w the bad			
	23A. SIGNATURE	4	to.			23 & DATE SIGNED
	Helan Frun ho	M. D. OEGREE Phys.	ding _	Med. Director	Staff Phys.	12/15/20
	23C. PHYSICIAN'S NAME (Type)		D. ADDRES			
	Allan Krumholz	MD.	BCH-	4940 Eas	stern Ave	24
24A	BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY OF CREA		-Baltimor	- DIVI	y, town, or county) (Stole) ?
1	REMOVAL Opecity	11.11.10	Y	011/5/	al Ruplus	ra m/
25A	DALE REC'D BY HEALTH DEPT. 258, NAV	TIEN MAVEN C		RY CITE	NIJURNIE	1717 /1/4.
DE	C 21. 1970 (Cobe & Laber	AL OF REGISTRAR	25C, FUN	DIRECTOR	37 Paten	ADDRESS SCO HOLE
1/5	150-REV. 1/1/68		11/00	11/0	- 1 1 MAND	5001110



	4-560 70 12332 BALTIMORE	CITY HEALTH DEPARTMENT	
1 2	CERTIFIC	CATE OF DEATH REG. NO. 70 12	332
	NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
(T)	pe or Print Elizabeth Hamre		
3.	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution; residence	м.
	The state of the s	A. STATE B. COUNTY.	e belere edmission)
FL	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOGATION)	is Maryland	404
ΙIΝ	SHILITION	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
1	Bouth Baltimore General Hospital	Bultimors YES -	NO 🗌
	Baltimora, Maryland 21230	1829 Jackson st Balto.	
5.	6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF AIRTH 7/05 9. AGE (In years III Under 1 Yt. Months Days	Il Under 24 Hrs. Hours Min.
10/	LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole of foreign country) [12. CITIZEN O	F WHAT COUNTRY?
der	ne during most of working life, even if retired)		
13.	FATHER'S NAME	Baltimere USA	7
- 476	t . If	14. MOTHER'S MAIDEN NAME Josephine Zima	
	William Goschen	Track dock proposition to the control of the contro	
5. Ye	Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADD	RESS
	s, no or unknown) (II yes, give wor or dotes of service) SECURITY NO.	Mall o	
_	18. CAUSE OF D		
	DISEASE OF CONDITION DIRECTLY		OXIMATE INTERVAL N ONSET AND DEATH
	LEADING TO DEATH	Page - 1 ins CC	
	(This does not meen the made of dying, e.g., (A) IMMEDIATE	CAUSE RESPIFATORY INSUSSICIENCY AS A CONSEQUENCE OF:	***************************************
	heart laiture, asthenia, etc. It means the disease, injury or camplication which caused death.)	A SOUTH COLOR	
	ANTECEDENT CAUSES	7) 1/	
	(8)	AS A CONSEQUENCE OF:	
	DISEASES OR CONDITIONS, if any, giving DUE TO, Of rise to the above cause (A) stating the	AS A CONSEQUENCE OF:	
	UNDERLYING CONDITION lost. (C)	***************************************	
ON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		***************************************
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONS	DERED
ERT		IN CERTIFYING CAUSES OF DEATH	
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e) OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21B. PLACE OF INJURY (e) home, form, foctory, stree	go in or about 21 C. WHERE DID (If In Baltimore City, give exact office bidgo INJURY OCCUR?	locotion)
EDIC	21D.TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
ž	OF INJURY (APPROX.) While At Not	While ork	
	22. I certify that (1) (this hospital) attended the deceased fram	12/3/70 19/10 to 12/15/70	1975
	that (1) (wh) last saw the deceased alive an 12/15/70	19 20 and that In(my) (our) apinion death acc	urred on the date
	and have and from the causes stated abave. (4) (We) (did) (did no	t) view the body after death.	
	23A. SIGNATURE	23B, DATE SIGN	ED
	David Varance	Attending Med. Stoff Phys. 12//5	-1
		Phys. Director Phys. 12//5	170
	23C.PHYSICIAN'S NAME (Type)	AUURESS	
2.4.	DEC		
24/	REMOVAL (Specily) 24B. DATE 24C. NAME of CEMETERY of	CREMATORY 24D. LOCATION (City, town, or count	y) (Stote)
	Burial 12/19/70 Sacred Heart (f Jesus Cem. Baltimore, Md.	
25/	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C FUNERAL DIRECTOR AD	DRESS
1	DEC 21, 1970 Tidale E Tables A.R.	McCully Funeral Home 130 E.Fort	Ave-
/5	150-REV. 1/1/68	The state of the s	22704



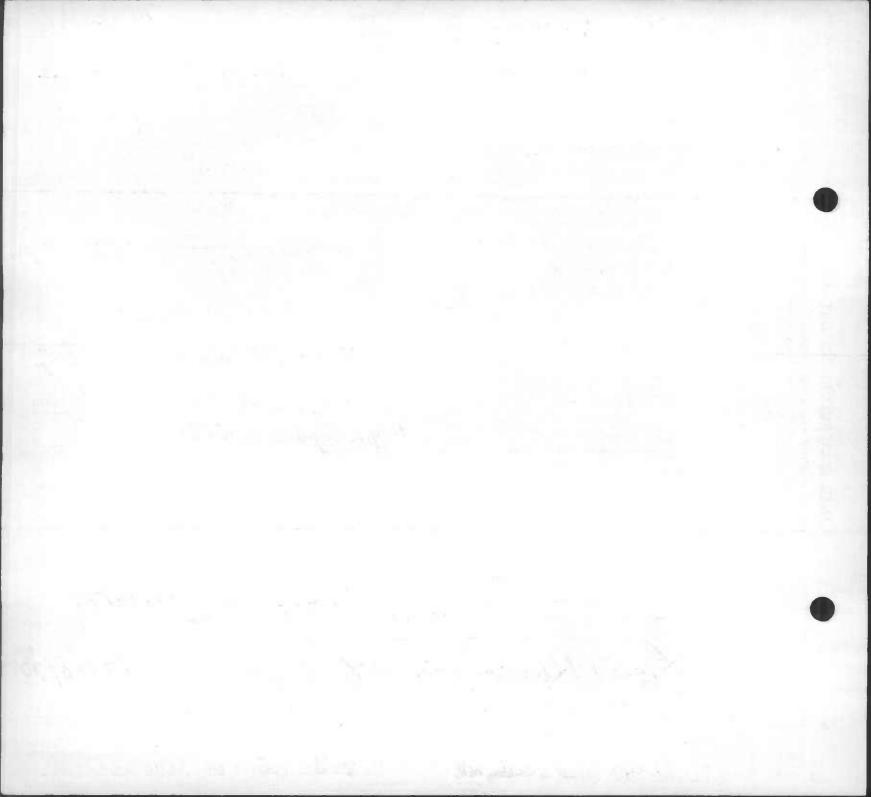
B.112 70 123	33 BALTIMORE CITY	HEALTH DEPARTMENT		70 12333
D.400		TE OF DEATH	REG. NO	70 12000
I, NAME OF DECEASED			D HOUR OF DEATH	4
(Type or Print) Ada P.	Bolgiano		15, 1970	
3. PLACE IN BALTIMORE, MARYLAND, WHERE I		4. USUAL RESIDENCE (Where	o deceased lived tf	institution: residence before admission)
SHALL MANAP OF ME MOT IN HOSPITAL OR		Maryland	IY	7/-111
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	INSTITUTION, GIVE STREET	C, CITY OR TOWN	In IN	SIDE CITY LIMITS?
		Baltimore	D. 114	YES X NO
5506 Mayview Ave.,		E. STREET AND NUMBER		110
		5506 Mayvi	Lew Ave.,	
5. SEX 6. RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	ost birthday)	If Under 1 Ys. If Under 24 Hrs. Months! Doys Hours Min.
	OWED DIVORCED	Aug. 29, 1891	79	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KI	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if refired) At home		Maryland		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	0.0.1.
?		2		
15. Wes Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (II yes, give wor or dotes of se	SECURITY NO.	W. INFORMAN		ADDRESS
No.		Joseph E. Bolgi	ano, 5506	
18.	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Ann. Ann. 15	D. A. =	1 + 1 1 1 +
(This does not mean the made of dying,	(A)IMMEDIATE CAL		kar aleked	lent primedial
heart failure, asthenio, etc. It means the di	sease,	A CONSEQUENCE OF:		
ANTECEDENT CAUSES	11, -1	P. D. 11	0.0	- 1/1/2
	(B) Hyperle	nowe Cardio Va.	soular Di	sease Mary years
DISEASES OR CONDITIONS, it any,	giving DUE JO, OK AS	A CONSEQUENCE OF:		00
UNDERLYING CONDITION lost.	(c)	********************************		
- 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	TING			
DISEASE OR CONDITION GIVEN IN PART) (A).	***************************************	120A AUTORGY (V No.)	OOR IF YES WAS	
19A DATE OF OPERATION 19B CONDITION WAS PERFORMED		20A. AUTOPSY? (Yes or No)		FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	ilf In Rolling	ore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, factory, street, of	fice bldg., INJURY OCCUR?	h m somm	only, give exoct tocollon,
0				
S OF INJURY	While At Not While	21F. HOW DID INJU	IRY OCCUR?	
(APPROX)	Work L. At Work			
22. I certify that (this haspital) atten			9 66 ta 13	2-14 1970
that (I) (we) last saw the deceased allve	on 12-2	1970 ond the	t In (fix) (aur) ap	inion death accurred on the date
and haur and from the causes stated abo				
23A. SIGNATURE				23B, DATE SIGNED
(A) Delitoto		nding Med.	Shoff	12-15-20
23 C. PHYSICIAN'S NAME (Type)	DEGREE Phys	Director LJ F	Phys. L.J	
John R Talla				
John B. Little	ton, M.D. GEGREE	1012 Old North	Point Rose	illy, town, or county) (State)
REMOVAL (Specify)				
Burial 12/18/70	Moreland Me		Parkville	
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	nel Uema 4	ADDRESS
VS 150-PEV, 1/1/68	The state of the s	CTTTAGE T UNG	ral nome 4;	210 Belair Road,



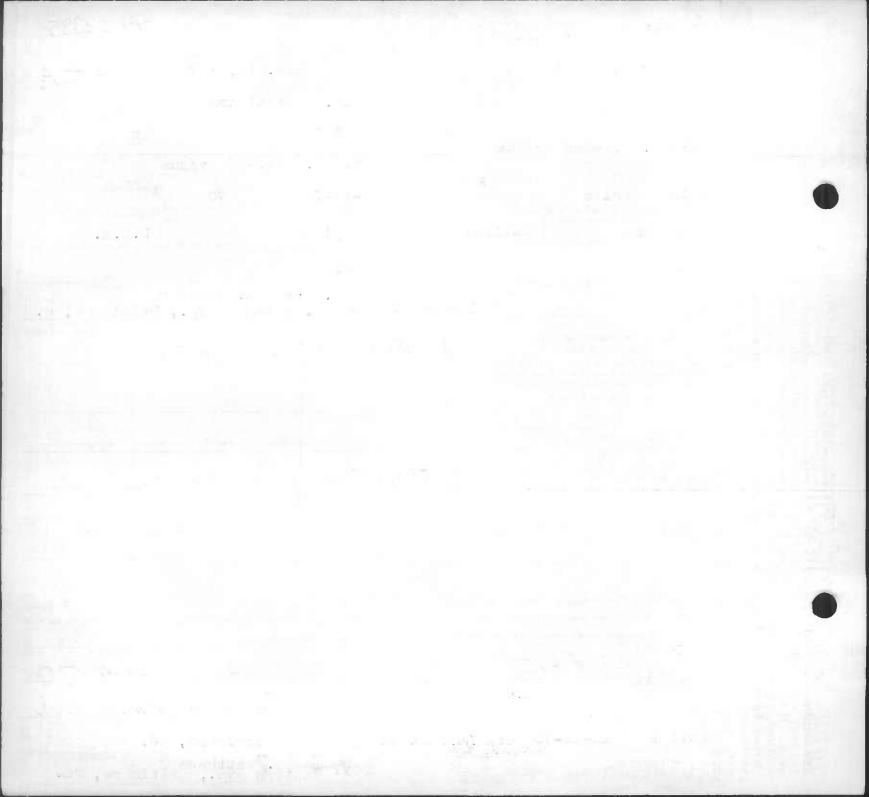
1. NAME OF DECEASED		ATE OF DEATH RE-	DF DEATH
George	Samuel Joice	Dec. 16,	1970 6:50 A.M. M.
3. PLACE IN BALTIMORE, MARYLAND, W FULL NAME OF IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceased a. STATE R. COUNTY Maryland	lived, Il institutions residence before admission)
INSTITUTION ADDRESS OF EOCA	CHON	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
00 2214 Pelham Ave	.,	Baltimore E. STREET AND NUMBER 2214 Pelham Ave	YES A NO
5. SEX 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In	
Male White	WIDOWED TO DIVORCED	Sept 7 1885 85	Months Doys Hours Min.
10A USUAL OCCUPATION (Give kind of work done during most of working lile, even if retired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of foreign country)	12. CITIZEN OF WHAT COUNTRY?
Processer	Yeast	Maryland	U.S?A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0.00.11.
George W. Joice		Florence Hartz	
15. Was Deceased Ever in U. S. Armed Ford (Yes, no or unknown) (If yes, give war or date:	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	215-09-6857	Harry W. Joice, 221	4 Pelham Av.
Injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or ise to the above cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 199A. DATE OF OPERATION 199A. CONE WAS PERFORMED 199A. COLOR OF OPERATION 199B. CONE WAS PERFORMED 199A. COLOR OF OPERATION 199B. CONE WAS PERFORMED 199B. ACCIDENT WAS UNDERLYING 199B.	Ony, giving Slating the (C) DUE TO, OK AS STRIBUTING E TERMINAL 1 (A).	A CONSEQUENCE OF: A CONSEQUENCE	ES, WERE FINDINGS CONSIDERED THING CAUSES OF DEATH?
21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., i home, farm, foctory, sireet, of elc.)	n or obout 21 C, WHERE DID (If	In Bolttmore City, give exoct location)
D 21D-TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)	(Hour) 21E INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJURY OCCU	R7
22. I certify that (i) (this hospital) that (i) (we) lost saw the deceased		19 70 ond that In(my)	(our) opinion death occurred on the date
ond hour and from the couses state	ed obove. (1) (We) (dld) (dld not) v		
Crass 7 16/		Med. Stoff Director Phys. C	23B, DATE SIGNED 12/18/70
23C. PHYSICIAN'S NAME (Type) Louis F. Kl.	imes. M.D.	2623 E. Monimont	C+
NAME (Type) Louis F. Kl. 24A. BURIAL CREMATION. 124B. DATE	imes, M.D. 24C.NAME of CEMETERY OF CRE	2623 E. Monument	St., (City, town, or county) (Stotel
Louis F. Kl. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 12/19/70	imes, M.D. 24c. NAME of CEMETERY of CRE Parkwood Ceme 258. NAME OF REGISTRAR	MATORY 24D. LOCATION	

BALTIMORE CITY HEALTH DEPARTMENT

70 12334



	2-6/6	F1 40	BALTIMORE CITY	HEALTH DEPARTMENT		70 12335
81	RTH NO.	10 12	335 CERTIFICA	TE OF DEATH	REG. NO	, , , , , , , ,
1.	NAME OF DECEASED				ND HOUR OF DEATH	
	GEORGE	CRAWFOR:	D	Dec.	14, 1970	1 4 00 1 M
li_	PLACE IN BALTIMORE, MARYL		RONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. It i	institution: residence before admission)
H		OR LOCATION	INSTITUTION, GIVE STREET	C. CITY OR TOWN		101
	***************************************			Baltimore	D. IN	SIDE CITY LIMITS?
1	518 S. Ellwo	od Aven	ue	E. STREET AND NUMBER 518 S. Elly	wood Arrows	
5.	SEX 6. RACE	17. 44.41	DIED TO MENTED MADE TO	8. DATE OF BIRTH		
	Male White	WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	2-11-00	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
do	Toreman	f retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore Maryland	ign country)	U.S.A.
13.	FATHER'S NAME	-		14 MOTHER'S MAIDEN NA	115	U.S.A.
	George			Mary	WE	
15. (Ye	Was Deceased Ever in U. S. A. s.no arunknown) (If yes, give wo	rmed Forces? r or dotes of ser	***************************************	17. INFORMANT Mrs. Marie		
-	No		212-01-8472		wood Ave.,	Baltimore, Md.
	DISEASE OR CONDITI LEADING TO I (This does not mean the man	DEATH	CAUSE OF DEATH	7	Infact	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	injury or camplication which ANTECEDENT	caused death.)	,			
	DISEASES OR CONDITION		(B)	A CONSEQUENCE OF:		***************************************
	rise to the above caus UNDERLYING CONDITION	e (A) stating	the (C)	a consequence or:		
	- 11					
CERTIFICATION	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATED ISEASE OR CONDITION GIVEN	ED TO THE TERMI	NAL Welhra	e Strivene, Ch	in old Ress	tation
RTIFIC	19A. DATE OF OPERATION 19	AS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	208. IF YES, WERE	FINDINGS CONSIDERED
CAL	21A. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE DEATH (notify medical examine	YING OF	218. PLACE OF INJURY (e.g., In home, form, foctory, street, officetc.)	or obout 21C. WHERE DID ice bidg., INJURY OCCUR?	(If In Boltimor	re City, give exact location)
MEDI	21 D. TIME Month) Doyl	(Year) Hour	21E. INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
>	(APPROX.)		While At Work			
	22. I certify that (1) (this h	ospital) altend	ed the deceased fram		^	
	that (I) (we) last saw the d	eceased alive	on	19and the	ot In(my) (aur) apl	nian death accurred on the date
	and have and from the caus	es stated abov	e. (1) (We) (dld) (dld nat) vi	ew the body after death.		
	25A. SIGNATURE	0.1				238, DATE SIGNED
	1 Den Ki	012	Phon		Staff	12 111 70
	23C. PHYSICIAN'S		DEGREE	BD. ADDRESS	Phys.	112-14-10
	NAME (Type)			7 - 018	051	P . 7 1
24A	BURIAL CREMATION, 24B. D. REMOVAL (Specify)	ATE 24	C. NAME of CEMETERY OF CREA	MATORY 24D. LO	CATION ICH	ty, town, or county (Stotel
	Burial 12-	16-70	Oak Lawn Cemet	ery Ba	altimore,	Md.
25A	TEC 21. 1970 (24		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Matthews	ADDRESS Altimore, Md.
VS	150-REV. 1/1/6B			100000	22.00	

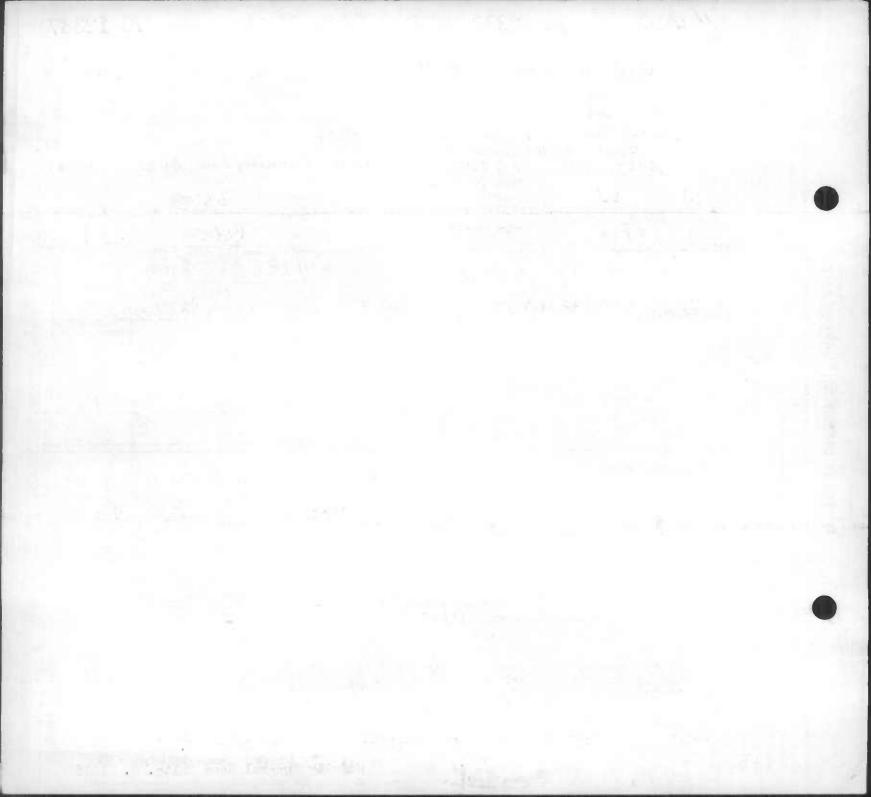


1	70 12336	BALTIMORE CITY	HEALTH DEPARTMENT	7. 4.7770
-	9-000	CERTIFICA	TE OF DEATH REG. NO	70 12336
h	NAME OF DECEASED		2. DATE AND HOUR OF DE	ATH / 4C
(Ту	pe or Print) LEONT DEL	NEV	12//	4/2 1 10
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	INCED DEAD	4. USUAL RESIDENCE (Where deceased lived	. Il institution: residence before admi
			A. STATE B. COUNTY	1001
HC	LL NAME OF (IF NOT IN HOSPITAL OR INSTITU OSPITAL OR ADDRESS OR LOCATION)	TION, GIVE STREET	Maryland D. C. CITY OR TOWN	INSIDE CITY LIMITS?
IN!	STITUTION			YES V NO
1	Gould Convalesarium		Baltimore E. STREET AND NUMBER	153 🔀
6	6116 Belair Rd.		1321 W. Fayette S	
5. 5		NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	
	Male White WIDOWED		Jan. 5,1896 74	Manths Days Hours
10A	USUAL OCCUPATION (Give kind of work 108, KIND OF			12. CITIZEN OF WHAT COL
	e during most of working life, even if retired)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Painter Reti	red	New York	U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	George Dewey		Mary Donovan	
15.	Was Deceosed Ever in U. S. Armed Forces? s,na or unknown) (III yes, give wor or dates of service)	16. SOCIAL	17. INFORMANT	ADDRESS
110		SECURITY NO.		2006 7
	NO	107-09-8856 CAUSE OF DEATH		2906 Bauernwo
	GOTIT TOOM		0 . ()	BETWEEN ONSET AND
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		TO (PILE	. 1) 1
	(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	more & ctays
	heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:	
	injuly of complication which coused death.)			
	ANTECEDENT CAUSES	(B)	Cochepe	
	DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	- 0
	rise to the obove cause (A) stating the UNDERLYING CONDITION last.	(c) Chr.	me Brin Squetran (H.	8) Protect
	II	Old B	14) Commelte D litt 1.	Grate.
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		100 114 /- 0 -0/	
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Olagum.	11-42- (m) st, fr	the same
TIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR W	WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, W	VERE FINDINGS CONSIDERED
RTI	WAS PERFORMED		IN CERIPTING	CAUSES OF DEATH:
1 515	21 A. ACCIDENT WAS UNDERLYING 21 B. OR CONTRIBUTING CAUSE OF home	PLACE OF INJURY (e.g., i e, taim, tactory, street, of	grobout 21C, WHERE DID (If in Be	Itimore City, give exact lacation)
Ü			fice bldg. INJURY OCCUP?	illimore City, give exact (acation)
AL	DEATH (notify medical examinet) etc.)	e, raim, lactory, sireer, or	fice bldg., INJURY OCCUR?	mimore City, give exact (aconon)
CAL	21 D. TIME (Manth) (Day) (Year) (Hour) 21 E,	INJURY OCCURRED	fice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	minore City, give exact lucation)
AL	DEATH (notify medical examiner) etc.) 21 D. TIME (Manth) (Day) (Year) (Hour) 21 E. Whil	tNJURY OCCURRED	21F. HOW DID INJURY OCCUR?	minore City, give exact location)
EDICAL	DEATH (notify medical examiner) etc.) 21D.TIME (Manth) (Day) (Yeal) (Hour) 21E, OF INJURY	tNJURY OCCURRED	21F. HOW DID INJURY OCCUR?	12 / 11st
EDICAL	DEATH (notify medical examiner) etc.) 21 D. TIME (Manth) (Day) (Year) (Hour) 21 E. Whil	tnjury occurred le At Not While k At Work	21F. HOW DID INJURY OCCUR?	12/14/19
EDICAL	DEATH (notify medical examiner) etc.) 21 D. TIME (Manth) (Day) (Yeat) (Hout) 21 E. OF INJURY (APPROX.) While World Worl	tNJURY OCCURRED le At Not Whill At Work le deceased fram	21F. HOW DID INJURY OCCUR?	12/14/19
EDICAL	DEATH (notify medical examiner) 21 D. TIME (Manth) (Day) (Year) (Hour) 21 E. Whit (APPROX.) 22. I certify that (I) (this hapital) attended the that (I) (we) last saw the deceased alive an	tNJURY OCCURRED le A1 Not While At Work we deceased from 12/1	21F. HOW DID INJURY OCCUR? 11/12/19/20 to 23/19/20 and that in(my) (com	12/14/19
EDICAL	DEATH (notify medical examiner) 21 D. TIME (Manth) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. 1 certify that (1) (this hospital) attended the	tNJURY OCCURRED le A1 Not While At Work we deceased from 12/1	21F. HOW DID INJURY OCCUR? 11/12/19/20 to 23/19/20 and that in(my) (com	12/14/19
EDICAL	DEATH (notify medical examiner) 21D.TIME (Manth) (Day) (Year) (Hour) 21E. Whit (APPROX.) 22. I certify that (I) (this hospital) attended the thot (I) (we) last saw the deceased alive an	tNJURY OCCURRED le A1 Not While A1 Work ne deceased fram (We) (did) (did not) v	21F. HOW DID INJURY OCCUR? 19 20 ta and that in (my) (come to be addy after death.	12/14/19) apinian death accurred on t
EDICAL	DEATH (notify medical examiner) 21 D. TIME (Manth) (Day) (Year) (Hour) 21 E. Whit (APPROX.) 22. I certify that (I) (this hashital) attended the thot (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (I) 23A. SIGNATURE	tNJURY OCCURRED Not While At Work the deceased fram (We) (did) (did not) v DEGREE Physical Control of the c	21F. HOW DID INJURY OCCUR? 19 20 ta 19	12/14/19) apinian death accurred on t
EDICAL	DEATH (notify medical examiner) 21D.TIME (Manth) (Day) (Year) (Hour) 21E. Whit (APPROX.) 22. I certify that (I) (this hospital) attended the thot (I) (we) last saw the deceased alive an	tNJURY OCCURRED Not While At Work the deceased fram (We) (did) (did not) v DEGREE Physical Control of the c	21F. HOW DID INJURY OCCUR? 19 20 ta and that in (my) (come to be addy after death.	12/14/19) apinian death accurred on the
EDICAL	21D. TIME (Manth) (Day) (Year) (Hour) 21E, Whit (APPROX.) 22. 1 certify that (1) (this hospital) attended the thot (1) (we) last saw the deceased alive an and haur and fram the causes stated abave. (1) 23A. SIGNATURE	tnjury occurred Not Whith At Work the deceased fram (We) (did) (did not) v DEGREE Physics	21F. HOW DID INJURY OCCUR? 19 20 ta 19	12/14/19) apinian death accurred on th
MEDICAL	DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Hour) 21E. Whit (APPROX.) 22. I certify that (I) (this hapital) attended the thot (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (I) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	tNJURY OCCURRED Not While At Work the deceased fram (We) (did) (did not) v DEGREE Physical Control of the c	21F. HOW DID INJURY OCCUR? 19 2 ta 19	2/14/19) apinian death accurred on th
MEDICAL	DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Hour) 21E. Whit (APPROX.) 22. I certify that (I) (this inepital) attended the thot (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (I) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, REMOVAL (Specify)	tNJURY OCCURRED Not Whith At Work the deceased fram (We) (did) (did not) v DEGREE DEGREE ME of CEMETERY of CRE	21F. HOW DID INJURY OCCUR? 19 20 ta	2/14/19) apinian death accurred on the state of the stat
MEDICAL	DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Hour) 21E. Whit (APPROX.) 22. I certify that (I) (this inepital) attended the thot (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (I) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, REMOVAL (Specify)	tNJURY OCCURRED Not While At Work the deceased fram (Company) (We) (did) (did not) of the physical deceased fram (Company) DEGREE Physical deceased fram (Com	21F. HOW DID INJURY OCCUR? 19 2 to 19	2/14/19) apinian death accurred on the last signed (City, town, or county) (City, town, or county) Ore, Maryland
MEDICAL	21 D. TIME (Manth) (Day) (Year) (Hour) 21 E. Whit (APPROX.) 22. 1 certify that (I) (this hospital) attended the thot (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (I) 23A. SIGNATURE 23A. SIGNATURE 23A. SIGNATURE 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, REMOVAL (Specify) (24B. DATE 24C. NAREMOVAL (Specify) (12/19/70) I	tNJURY OCCURRED Not While At Work the deceased fram (Company) (We) (did) (did not) of the physical deceased fram (Company) DEGREE Physical deceased fram (Com	21F. HOW DID INJURY OCCUR? 19 20 ta	2/14/19) apinian death accurred on the last signed /2/14/25 (City, town, or county) Ore, Maryland

" He shart " Dhulo. But the substitution of the contract of the popular and the contract of the co

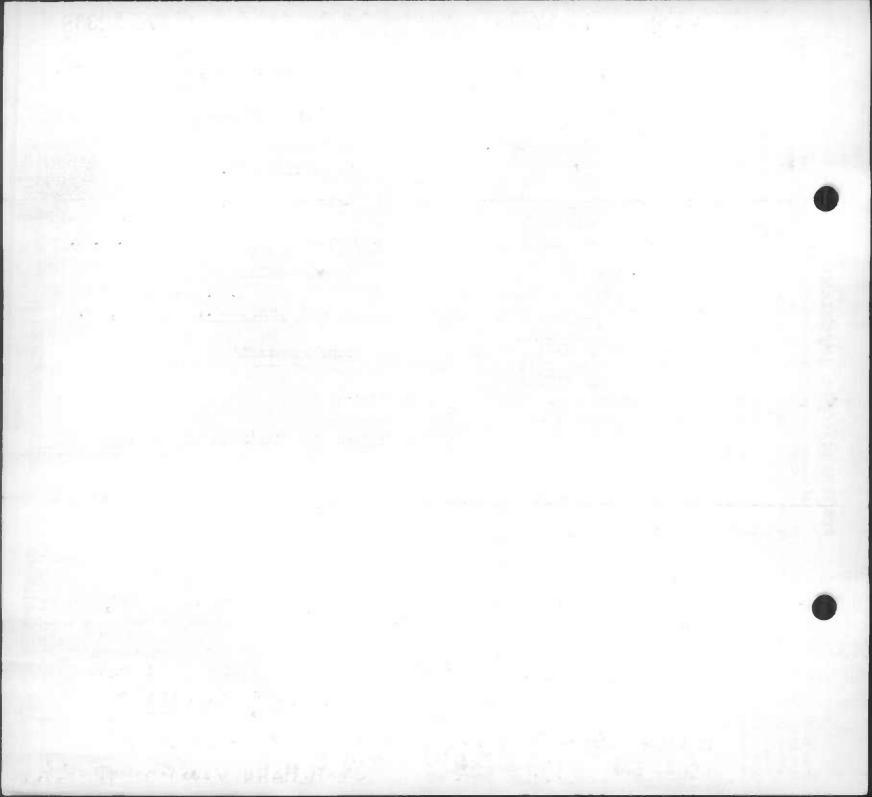
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11 4-400	TE OF DEATH REG. NO	70 12337
BIRTH NO.	E OF DEATH	
Type or Print)	2. DATE AND HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decorded lived, 11 institution	1142 A M.
	A. STATE B. COUNTY	one residence beide dumission/
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE C	1000
1/South Baltimore General Hosp	Baltimore D. INSIDE CI	
	E. STREET AND NUMBER	G NO L
Bult. Md. 21230	4611 Pennington Ave	2,226
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years If L lost birthday) Mon	Inder 1 Yr. If Under 24 Hrs.
WIDOWED DIVORCED	5/2/05 65	inis Doys Hours /vun,
I done during most of working life, even if retired) 1	BIRTHPLACE (Stole or loreign country) 12.	CITIZEN OF WHAT COUNTRY?
Chauffer Auto Parts	Balto, Nd.	USA
13. FATHER'S NAME	MOTHER'S MAIDEN NAME	
William J. (deceased)	Lillian ? (dec	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17.	· INFORMANT	ADDRESS
(Tes, no or unknown) yes, give wor or doles of service SECURITY NO.	A Mar	
MULANTIA CAUSE OF DEATH	Hosp. Fecords	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
LEADING TO DEATH	Klebsjella pheumonia	e 6 wks
	CONSEQUENCE OF:	
injury or camplication which caused death.)		
ANTECEDENT CAUSES	D. P. D.	- years
DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS A or rise to the obave cause (A) stolling the	CONSEQUENCE OF:	7
UNDERLYING CONDITION last. (c)		
7		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	- Chronic Renal Insuff	ie veave
DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTION TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL OTHER SIGNIFICA	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES	OF DEATH?
	r obout 21 C. WHERE DID III In Boltimare City.	give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street office etc.	bidg., INJURY OCCUR?	
21 D. TIME (Month) (Day) (Year) (Hourt 21E INTILEY OCCUPRED	21F. HOW DID INJURY OCCUR?	
While At Not While		
22. I certify that (I) (this hospital) attended the deceased from	1970 to 12/15	
that (I) (we) lost sow the deceased alive on 12/15		
	19 70 ond that In (my) (our) apinion d	leoth occurred on the date
ond haur and from the couses stated above. (*)-(We) (did) (did-not) view 23A. SIGNATURE		DATE SIGNED
Attendi	ng Med. Staff	A - L - L
23C. PHYSICIAN'S Phys.	Director Phys. Led	12/15/70
NAME (Type)	1733 Champlain Drive 1.	Balt, Md_ 21207
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMA	, , , , , , , , , , , , , , , , , , ,	n, or county! (State)
Burial 12/18/70 Ceder Hill Cometer 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Beltimore Md.	ADDRESS
DEC 21 1900 QC 02 R. C. Too V 0 0 2	McCully Funeral Home Balto.	
VS 150-9EV 1/1/69		

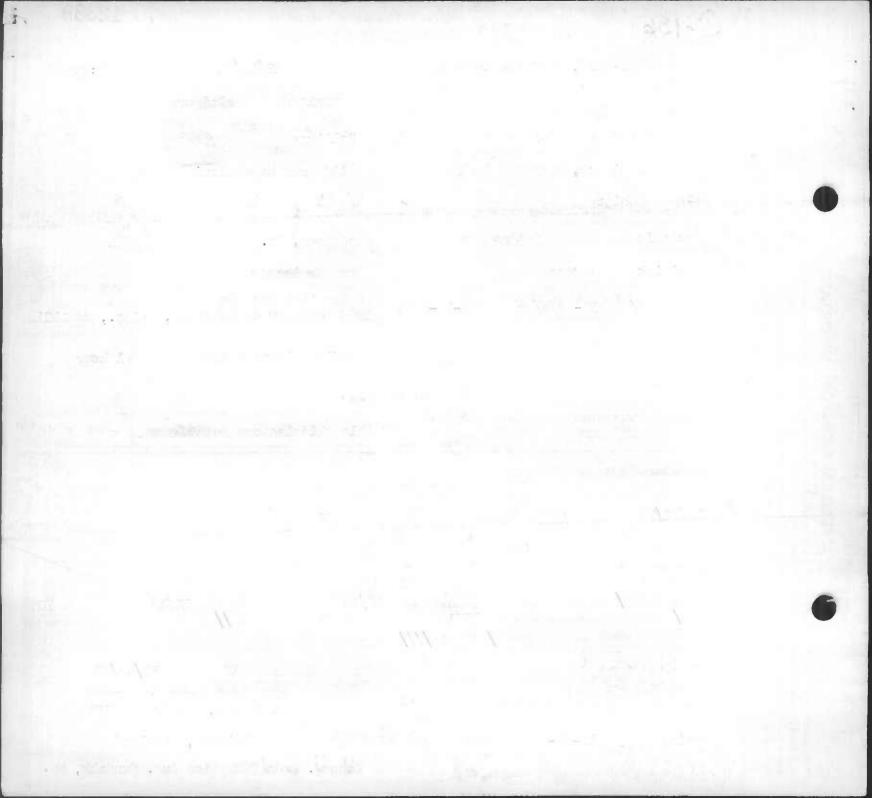


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-400 70 1233		HEALTH DEPARTMENT	REG. NO	70 12338	
1. NAME OF DECEASED		2. DATE	AND HOUR OF DEAT	ч	
(Type or Print) COLE DALLAS EMM	ETT		ember 16, 19	**	
3. PLACE IN BALTIMORE, MARTLAND, WHERE PI	ONOUNCED DEAD		here deceased lived II	institution residence before admission	
FULL NAME OF (IF NOT IN HOSPITAL OR I HOSPITAL OR ADDRESS OR LOCATION)	Maryland Baltimore 2505				
Veterans Administr	veterans Administration Hospital			ISIDE CITY LIMITS?	
2 3 3900 Loch Raven Bl	.vd.	Baltimore E. STREET AND NUMBER		YES NO	
Baltimore, Marylar	d 21218	4202 Morris			
5. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.	
	WED DIVORCED	1-6-1893	lost birthdoyl	Months Doys Hours Min.	
done during most of working life, even if retired)		THE STATE OF THE STATE OF THE	oreign country)	12. CITIZEN OF WHAT COUNTRY?	
Tool Room Keeper		Maryland		U. S. A.	
		14. MOTHER'S MAIDEN N	AME		
William T. Cole		Zenovia Mal	lonee		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of serv	icel 16. SOCIAL SECURITY NO.	17. INFORMANT RECOT	ds V. A. Hos	mital ADDRESS	
Yes 6-24-18 to 12-14-	occount no.	3900 Loch Rave			
18.	CAUSE OF DEAT	1	en prod., ps	APPROXIMATE INTERVAL	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Bronchoppeum	nonia	BETWEEN ONSET AND DEATH	
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the distiniury or complication which caused death.)	e.g., DUE TO, OR AS	SE CONSEQUENCE OF:			
ANTECEDENT CAUSES	Malnut	ri t.i on			
DISEASES OR CONDITIONS, if any, gi	(8)				
rise to the abave cause (A) stating UNDERLYING CONDITION lost.	the	A CONSEQUENCE OF:	eu b itus ulc	ers	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTI					
TO THE DEATH BUT NOT RELATED TO THE TRANSITION OF CONDITION GIVEN IN PART 1 (A).	IAL	***************************************		**************************************	
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (a). 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED		Yes Yes	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?	
U 21A. ACCIDENT WAS UNDERLING	21R PLACE OF INJURT (e.g., in home, form, foctory, street, off etc.)	or obout 21C. WHERE DID	(If In Boltimo	ore City, give exoct locotion)	
DEATH (notify medical examiner) 21D.TIME (Month) (Day) (Tear) (Hour) OF INJUST	21E INJURT OCCURRED While At Not While	21F. HOW DID IN	JURT OCCUR?		
(APPROX.)					
22. I certify that (1) (this hospital) ottend	d the deceased fromDo	eember 10	19 70 to Dec	ember 16, 19 70	
that (1) (we) last saw the deceased alive	December 16.	19 70 and t	hat in law (our) op	Inion death occurred on the dote	
and haur and fram the causes stated abov	e. (X) (We) (did) (did hat) vi	ew the body ofter death.			
23A. SIGNATURE	11 11227		•	23B, DATE SIGNED	
Want to	Atten Phys.	ding Med.	Staff Phys.	12/17/70	
23C.PHTSICIAN'S	DEGREE	3D. ADDRESS	Phys. LAN	120/11/10	
NAME (Type)	January	3900 Lo	ch Raven Boy		
24A. BURIAL CREMATION, 24B. DATE 24	OEGREE		e, Marylnd		
REMOVAL (Specily)	SI. ILL	1 0	2.1	ity, town, or county) (State)	
25A. DATE REC'D BY HEALTH DEPT. 1258-NAM	Burnel dec 1-10 Cedar Will Cenety Batto. 21225, md.				
DEC 21 1978 Cases & Val	A R R A R	25G FUNERAL DIRECTO		ADDRESS AND	
VS 150-REV. 1/1/68		John H. HA	HN, 4200	rennington are 21226	



(Ty	NAME OF DECEASED ypo or Print) CIVITARESE, DO	MINIC	ANTHONY	2. DATE AN	16/70	9:30 AM
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) ISTITUTION			I IISIAI PESIDENCE (Who	re decassed lived. II	institution: residence before admissi-
FU				A. STATE B. COUN	"Baltimore	e 5 3 3
IN				C. CITY OR TOWN Dund	alk D. IN	ISIDE CITY LIMITS?
	Veterans Administration Hospital 3900 Loch Raven Boulevard Baltimore, Maryland 21218 6. RACE 7. MARRIED NEVER MARRIED		Baltimore E. STREET AND NUMBER		YES NO X	
0				D 1		
5. :			8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. , If Under 24 H	
	Male White	WIDOW	ED DIVORCED	4/4/217	last birthday)	Months Days Hours Min.
10A don	A. USUAL OCCUPATION (Give kind of worne during most of working life, even if retired)	k 108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or lore	ign country)	12. CITIZEN OF WHAT COUNT
	Mechanic	Cottm	an Co	Jonestown, Pa.		IICA
13.	FATHER'S NAME	7 - 2 - 3412		14. MOTHER'S MAIDEN NA	ME	USA
	Dominick Civitarese			Mary De Santi	S	
15. Yes	Was Deceased Ever in U. S. Armed Faes, no or unknown) (II yes, give war ar date	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
	Yes 3/25/43 - 2/	4/46	209-14-7784	VA Hospital Red		Balto Md 21218
	hearl failure, asthenia, etc. It means injury or camplication which caused ANTECEDENT CAUSES	deoth.)	Brain	a consequence of: tumor		
ATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T	any, givi	Brain (8) DUE TO, OR AS (c) (G)		oma multifo	orme one mon
RTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 199A-DATE OF OPERATION 1998. CON WAS PER 12/11/70	any, givi stoling I NTRIBUTIN HE TERMINA IT I (A). DOTTION FO FORMED	Brain (8) DUE TO, OR AS the pos (c)	tumor A CONSEQUENCE OF: Sible glioblasto	208, IF YES, WERE	
CERTIFIC	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PER 2/11/70 21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (nofily medical examine)	any, givi sloling NTRIBUTIN HE TERMINATION FORMED ain tu	Brain (8) DUE TO, OR AS the pos (c)	tumor A CONSEQUENCE OF: sible glioblasto	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
DICAL	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITION S CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 198. CON WAS PER DT. 21A. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF	any, givisloling NTRIBUTIN HE TERMINA IT (A). DITION FO	Brain (B) DUE TO, OR AS he pos (c) G R WHICH OPERATION IMOP TR. PLACE OF INJURY (e.g., in one, form, foctory, street, off)	tumor A CONSEQUENCE OF: Sible glioblasto 20A.AUTOPSY? (Yes or Not NO or obout 21C, WHERE DID ice bldg, NJURY OCCUR?	208, IF YES, WERE IN CERTIFYING CA	E FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. CON WAS PER 12/11/70 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofily medical examine) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)	any, givi stoling 1 NIRIBUTIN HE TERMINAL IT I (A). DITION FORMED AIN TU	Brain (B) DUE TO, OR AS he pos (C) R WHICH OPERATION MOT 1B. PLACE OF INJURY (e.g., in ome, form, foctory, sireet, olf ic.) 1E. INJURY OCCURRED While AI Not While At Work I the deceased from	tumor A CONSEQUENCE OF: sible glioblasto 20A.AUTOPSY? (Yes or No) NO or about 21C. WHERE DID injury occur?	208, IF YES, WERE IN CERTIFYING CA	E FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exoci location)
MEDICAL	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PART 19A-DATE OF OPERATION 19B. CON WAS PER DY. 21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D.TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22, I certify that (I) (this hospital that (I) (we) last saw the decease	any, givi stoling 1 NTRIBUTIN HE TERMINA IT 1 (A). DITION FO FORMED 3 in tu	Brain (8) DUE TO, OR AS the DUE TO, OR AS the POS (c) R WHICH OPERATION MOT TR. PLACE OF INJURY (e.g., in ome, form, foctory, street, olf ic.) TE. INJURY OCCURRED While AI Not While AI Work I the deceased from 12/16	tumor A CONSEQUENCE OF: sible glioblasto 20A. AUTOPSY? (Yes or No) NO 1 or obout 21C. WHERE DID ice bldg. NURY OCCUR? 21F. HOW DID INJU	208, IF YES, WERE IN CERTIFYING CA	E FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PART 19A-DATE OF OPERATION 198. CON WAS PER DT. 21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examines) 21D-TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22, I certify that (I) (this hospital that (I) (we) last saw the decease and haur and from the causes stated	any, givi stoling 1 NTRIBUTIN HE TERMINA IT 1 (A). DITION FO FORMED 3 in tu	Brain (8) DUE TO, OR AS the DUE TO, OR AS the POS (c) R WHICH OPERATION MOT TR. PLACE OF INJURY (e.g., in ome, form, foctory, street, olf ic.) TE. INJURY OCCURRED While AI Not While AI Work I the deceased from 12/16	tumor A CONSEQUENCE OF: sible glioblasto 20A. AUTOPSY? (Yes or No) NO 1 or obout 21C. WHERE DID ice bldg. NURY OCCUR? 21F. HOW DID INJU	208, IF YES, WERE IN CERTIFYING CA	e FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exoci location)
MEDICAL	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR 19A-DATE OF OPERATION 198. CON WAS PER DEATH (notily medical examines) 21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examines) 21D.TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22, I certify that (I) (this hospital that (V (we) last saw the decease and haur and from the causes state 23A, SIGNATURE	any, givi stoling 1 NTRIBUTIN HE TERMINA IT 1 (A). DITION FO FORMED 3 in tu	Brain (8) DUE TO, OR AS the DOS (C) D	20A. AUTOPSY? (Yes or Not NO	208. IF YES, WERE IN CERTIFYING CA (If In Bollimo URY OCCUR? 9 70 to 12 21 in (ny) (aur) api	e FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location) 716 19 70 Inlan death accurred on the da
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	1/00	1		BALTIMORE CITY	HEALTH DEPARTM	ENT	H 43010
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	RTH NO.		W 10	CLKTITICA			
	vne or Print)		VV CEOR	GE GILBERT HUG	2, D	ATE AND HOUR OF DEAT	Н
3,	PLACE IN BALT	MORE MARYLAND,	WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE	12/11/70 E I Where decrosed lived. II	l institution: residence before admission)
11					W. SIMIE B	COUNTY	1-
H	ULL NAME OF OSPITAL OR ISTITUTION	ADDRESS OR LOC	ATIONI	ITUTION, GIVE STREET	Md.	Baltimo	the second section is a second section of the
11	13111011011						NSIDE CITY LIMITS?
	37 1	Mercy Hospit	al, Ind		E. STREET AND NUM		YES NO X
					1229 Leeds	Terr.	
	M	S- RACE	WIDOWE		4/7/12	9. AGE (In years last birthday)	Months Days Hours Min.
10.	A. USUAL OCCUE	ATION (Give kind of wor	108 KIND C	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole	or foreign country!	12. CITIZEN OF WHAT COUNTRY?
100	ndustria	orking the, even it refired)					•
	FATHER'S NAM				Mary.		U.S.A.
	Micheal I	7. Muchas					
П						Elizabeth Grue	bler
(Ye		ver in U. S. Armed For If yes, give war or date	ces? s of service)	16. SOCIAL SECURITY NO. 219-07-0994	Mrs. Mario	Λ π. 1	ADDRESS 21227
-	No	, 0.			Mis. Marie	A. Hughes, 12	29 Leeds Terrace
	10	6171		CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE	OR CONDITION DI	RECTLY		0	arulas ace	
	(This does not	mean the made of	dying, e.g.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SE CONSEQUENCE OF:	arular ace	eder
	heort failure, as	sthenia, etc. It means lication which caused	the disease	DOL TO, OK AS	CONSEQUENCE OF:		
		NTECEDENT CAUSES					
		CONDITIONS, if		(B)	A CONSEQUENCE OF:		
	rise la lhe	above cause IA) CONDITION last	slaling the	(c)	A CONSEQUENCE OF:		
		- 11	-	(0)			
NO	OTHER SIGNIFIC	ANT CONDITIONS CO	NTRIBUTING				
ATION	ITO THE DEATH	BUT NOT RELATED TO THE	HE TERMINAL	*************************			
ERTIFIC	19A. DATE OF C	PERATION 198 CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
U	21 A. ACCIDENT	WAS UNDERLYING	211	B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE	DID Mile Peliler	Charles and I am h
CAL	DEATH (notify m	NG CAUSE OF	hor	me, farm, fociary, street, aff	ice bldg. INJURY OCC	UR?	ore City, give exact location)
MEDI	21 D. TIME (/	Monthl (Day) (Yearl	(Houd 218	E INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?	
2	(APPROX.)			hile At Not While At Work			
	22. I certify th	at (1) (this bosnital		the deceased from 12	1 1	20.70	
		st saw the decease		rne deceased from			
			//	44 Min A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	19	and that in (my) (our) of	olinion death occurred on the date
	23A. SIGNATURE	rom the causes stat	ed above. (i) (We) (did) (did not) vi	ew the body after d	eath.	
	23A SIGNALORE	W	1	Attack		/	238 DATE SIGNED
		2 4	Aur	DEGREE Phys.	ding Med.	Phys.	12/14/70
	NAME (Type	S Live	E 441		3D. ADDRESS MLEY	Hospital.	
24/	BURIAL CREMA	ATION, 248. DATE	24C. N	AME OF CEMETERY OF CREA	MATORY	AD TOCATION	
	REMOVAL (Spo Burial	cify)					City, town, or county (Stote)
	DULLA I	12-18-19		w Cathedral Ce		Baltimore, Ma	
	DEC 21	000 000	Ja Be	OF REGISTRAR	Howard H.	Hubbard, 4107	Wilkens Ave. 21229
VS	150-REV. 1/1/68						

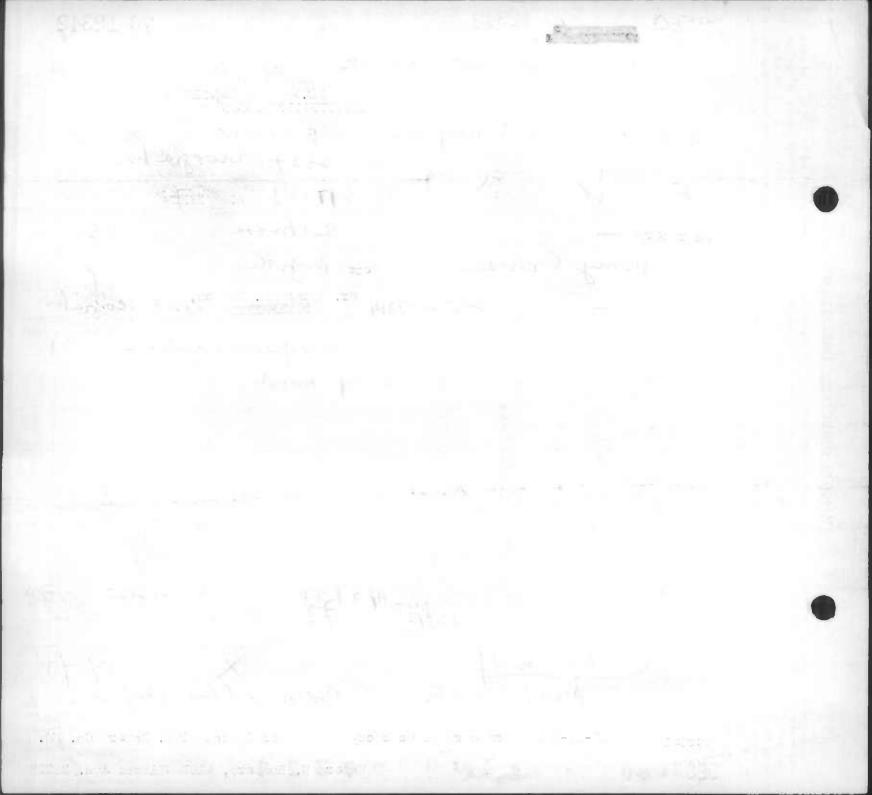
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The second of the company of the second of t

	70 12341 CERTIFICATE OF DEATH
and ased the Such	BIRTH NO. 1. NAME OF DECEASED 1. DATE AND HOUR OF DEATH 1. DATE AND HOUR OF DEATH
S G G G	(Type or Print) CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
a hospital and cause of death ise; (5) Deceased endance on the to death. Such	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. Il institution: residence before odmission) A. STAJE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HO
	HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION C. CLY OR TOWN D. INSIDE CITY LIMITS?
	E. STREET AND, NUMBER
occurred in ontributing ermined car regular atteased prior is made.	Bolton Hill NURSING HOME 1730 St. PAUL St. 21202
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months; Doys Hours Min.
	WIDOWED □ DIVORCED □ 11-4-1916 54
co lete	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY done during most of working life, even if retired)
or or	Retired Laborer Sheppard Pratt Hosp. Maryland U.S.A.
if dect way	13. FATHER'S NAME
ti i da	HARRY NILLER Elizabeth E. Good 15, Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
ind ind eat eat	(Yes, no or unknowh) (If yes, give wor or dotes of service) SECURITY NO.
f th f th d d d d	NO 219-01-8360 BOLTOWHILLNH-1400 NOHWST- CAUSE OF DEATH APPROXIMATE INTERVAL
s and and	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH (A)IMMEDIATE CAUSE CA Plett lung (10/70
D O L B	(This daes not meon the mode of dying, e.g., heart foilure, osthenio, etc. II means the disease,
act act	injury or complication which caused death.) ANTECEDENT CAUSES
A fr A fr Vho	DISEASES OR CONDITIONS, il ony, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
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medical ledical burns; hysicie in was remaii	O THER SIGNIFICANT CONDITIONS CONTRIBUTING
TE Y C.D O	U 19A, DATE OF OPPRATION 19B, CONDITION FOR WHICH OPPRATION 20A, AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED
chie Bod bod the the	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
by by ph	21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout/21 C. WHERE DID (It in Baltimore City, give exoct locofion)
he ital	OR CONTRIBUTING CAUSE OF nome, form, foctory, street, office stogs, install occur.
4 9 2 % b	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? White At Not White
hos nat cept d (6	(APPROX.) White At Work Not White
the any obt	22. I certify that (1) (this haspital) attended the deceased from 1970 to 12/14 1970
to to of a of a l (in h);	that (1) (we) lost sow the deceased alive on 12/14 19 30 and that in (my) (our) opinion death occurred on the dat
be ed not	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED
- U C -	Attending Med. Shoff 12/15/22
0 - 0 - >	23 C. PHYSICIAN'S [23D. ADDRESS
An An at prio	ALLAN H. MACHT MD 2 E Really Palt MI 2202
A P a d b	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)
body ws: (s D.O ease	Burial 12-17-1970 Melville Cemetery Elkridge, Howard County, Md.
his no as	25A. DATE REC'D BY HEALTH DEPT. 25B-NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
F = 5 3 0 3	Howard H. Hubbard, 4107 Wilkens Ave. 21229

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

77-360 CERTIFICA	TE OF DEATH REG. NO. 70 12342
BIKIH NO.	TE OF DEATH
Type or Print FRANCES MYRTLE HUM	MER 2. DATE AND HOUR OF DEATH 30 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institutions residence before admission) A. STATE MD & B. COUNTY BALT IMORE
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
S-Baltimore Gent Hospital	BOLDS WES X NO
43	2827. Georga tv.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 3-17-23 9. AGE (In years lost birthday) 47 XXXX Il Under 1 Ye. If Under 24 Hrs.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Secretary	Baltmore U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Gransee	Sarah Mystle.
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mr. Norman H. Hummer
18. CAUSE OF DEAT	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	USE THE STATE OF T
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. If means the discose, injury or complication which coused death.)	a consequence of: 2 of breast.
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
rise to the above couse (A) stating the UNDERLYING CONDITION last. (C)	
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IT TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
19A DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 218. PLACE OF INJURY (e.g., indeed, lorm, loctory, street, or elect)	in or about 21C. WHERE DID (II In Bollimore City, give exact location) ffice bidg., INJURY OCCUR?
OF INJURY (APPROX.) (Month) (Doy) (Year) (Hour) 21E (NJURY OCCURRED While At Work At Work	
22. I certify that (I) (this hospital) attended the deceased from	11/3 170 19 to 12/15 1970
that (1) (we) last saw the deceased alive an	19) ond that in(my) (our) apinion death accurred an the date
and hour and fram the causes stated abave. (1) (We) (did) (did not)	riew the body after death.
23A. SIGNATURE	23B, DATE SIGNED
DEGREE Phy	s. L. Director L. Phys. A. (10)
NAME (Type) AISHA SIMJEE-	S-Baldmore Cene Aspile
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CRI	
Burial 12~18-1970 Meadowridge Ceme	
DEC 21 1070 20 00 20 20 2000	25C. FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave. 21229
VS 150-REV. 1/1/68	Thomas in inappara, 4107 withens ave. 21229

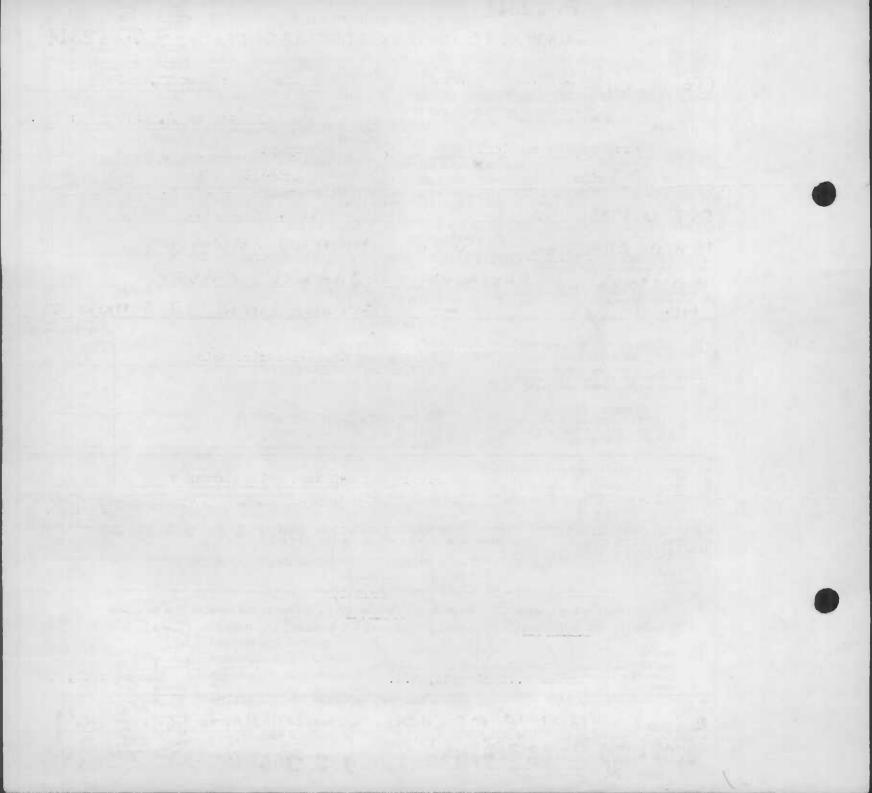


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F-425 70 123	3 2	TE OF DEATH REG. N	io. 70 1234B					
BIRTH NO.	CLRTIFICA	2. DATE AND HOUR OF D						
Type of Piet KNER, ALICE S.		DECEMBER 15	, 1970 2:00 A.					
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased live	de Il institution: residence before admission)					
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MARYLAND B	ALTIMORE COUNTY					
ST AGNES HOSPITAL		XXXXXXXXXXXX	YES NO XX					
31 AGNES HOSTITAL		E. STREET AND NUMBER 3213 LORENA AVENU	5 5 3 00					
5. SEX 6. RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In year						
FEMALE WHITE WIDO	WED DIVORCED	07-25-91 lost biethday	Months Doys Hours Min.					
tOA, USUAL OCCUPATION (Give kind of work 10B, KIP	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote ar foreign country)	12. CITIZEN OF WHAT COUNTRY?					
Retired Saleslady Hech	it Co.	MARYLAND	USA					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
George Shaw		Myra						
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknawn) (If yes, give war or dates af ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT RECORD IS	BALTIMORPRESMD 21229					
NO	215187541	ST AGNES HOSPITAL						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., head latiture, osthenic, etc. If means the diseasa, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it only, giving nise to the abave cause (A) stating the UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION PART 1 (A). 100 A. DATE OF OPERATION 19th. CONDITION FOR WHICH OPERATION 20th. If Yes, Were Findings Considered to the Terminal DISEASE OR CONDITION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 21A. ACCIDENT WAS UNDERLYING OR CONDITION TO THE TERMINAL DISEASE OR CONTRIBUTING CAUSES OF DEATH CONTRIBUTING CAUSES OF DEATH CONTRIBUTING CAUSES OF DEATH CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSES OF DEATH CONTRIBUTING CAUSE OF DEATH CONTRIBUTION CONTRIBUTING CAUSE OF DEATH CONTRIBUTION C								
OF INJURY (APPROX.) (Manth) (Day) (Year) (Hour)	While At Not While Wark At Wark	21F. HOW DID INJURY OCCUR?						
22. I certify that (1) (this hospital) attended the deceased from DECEMBER 11, 19 70 to DECEMBER 15, 19 7 that (1) (we) lost sow the deceased alive on DECEMBER 15, 19 70 and that in (10) (our) opinion death occurred on the cond hour and from the causes stated above. (1) (We) (did) (d) (1) (1) (vi) (view the body after death. 23A. SIGNATURE Attending Med. Director Phys. Staff Phys. (2) 15/70								
23G, PHYSICIAN'S NAME (Type)	Scal m. D. DEGREE	ST AGNES HOSPITAL W	ALTIMORE MD 21229 ILKENS & CATON AVE (City, town, or county) (State)					
ALIVIO VAL (Specify)	Meadowridge Cemet							
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Blvd., Howard Co. Md. ADDRESS O7 Wilkens Ave. 21229					
VS 150-REV. 1/1/68								

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VS 151-REV. 1/1/68



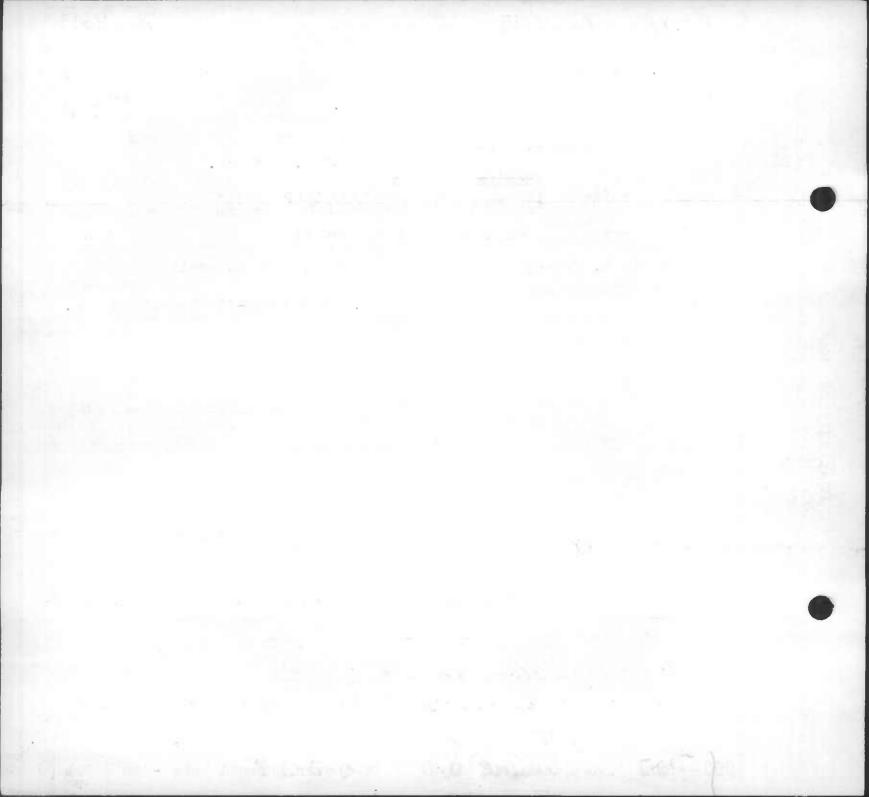
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	M-600 70	12345		HEALTH DEPARTMENT	REG. NO	70 12345
	NAME OF DECEASED YPE OF Print! M. MERCEDE	s Murr			AND HOUR OF DEATH	
FI	PLACE IN BALTIMORE MARYLA	HOSPITAL OR INSTITUTE R LOCATION	UNCED DEAD	A. STATE RESIDENCE (WA. STATE R. COI Md. C. CITY OR TOWN Baltimore E. STREET AND NUMBER 1309 W. 42	D. IN	institution: residence before admission 3
F	emale White	WIDOWED		8. DATE OF BIRTH 3/23/1882	9. AGE (In years lost biethooy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
do S	A USUAL OCCUPATION (Give kind no during most of working life, even if to CIAL WORKER FATHER'S NAME	retired)	BUSINESS OR INDUSTRY MORE City	Brazil 14. MOTHER'S MAIDEN N		USA
	James H. M			Catherin	e Kausselt	5
15. (Ye	. Wos Deceased Ever in U. S. Am os,no or unknown! (If yes, give wor NO	ned Forces? or doles of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT C. Arthur E	by-202 Cou	artland Ave.
LEADING TO DEATH (This does not meen the mode of dying, e.g., hearl foilure, asthenia, etc., it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse IA) stoling the UNDERLYING CONDITION lost. (A) IMMEDIATE CAUSE (Exaling the Land of th						
ATION	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN	D TO THE TERMINIAL	(C)			
CERTIFICATION	19A. DATE OF OPERATION 198	L CONDITION FOR W	HICH OPERATION	20A- AUTOPSY? (Yes or	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
11	OR CONTRIBUTING TICALICE O	TING 218, home	PLACE OF INJURY (e.g., ir c, form, foctory, street, of	or obout 21C. WHERE DID	(If In Boltime	pre City, give exact location)
MEDICAL	OF INJURY (Month) (Doy) (APPROX.)		e At Not White		NJURY OCCUR?	
	22. I certify that (1) (this ho			9-34	1970 to	12-17 1970
	and hour and from the cause					Inion deoth occurred on the date
	23A. SIGNATURE Trudurick	Vollene	()	nding Med.	Staff Phys.	12-17-70

PHYSICIAN'S NAME (Typel 23 D. ADDRESS 00 0 24A BURIAL CREMATION, 24B DATE REMOVAL (Specify)
Burial
12/ 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) Mount Cemetery Green Baltimore, Md. 25A. DATE REC'D BY HEALTH DEPT. EC 21 1970 Pale E 25C FUNERAL DIRECTOR
Donovan Funeral Home 25B NAME OF REGISTRAR ADDRESS

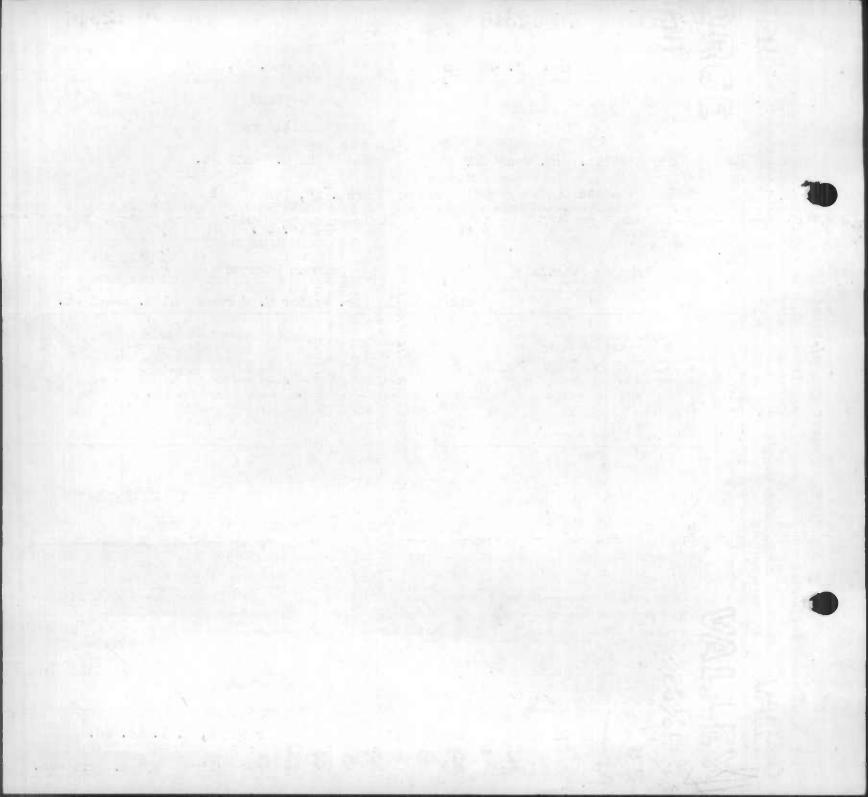
VS 150-REV. 1/1/68

3818 Roland



This certificate must be approved by the chief medical examiner of his assistant in death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	1,00	-	10040	BALTIMORE CITY	HEALTH DEPARTMENT		71. 19240
1	1-600	10.	12346	CERTIFICA	TE OF DEATH	REG. NO.	70 12346
	TH NO.			CERTIFICA			A 7.1.1
	AME OF DEC					AND HOUR OF DEA	AIH
			M. Ho			. 16, 1970	M. If institution: residence before admission)
	LL NAME OF	TIMORE, MARYLAND, W		JTION, GIVE STREET		YTAUC	23/3
HC	SPITAL OR	ADDRESS OR LOCA		TION, GIVE STREET	C. CITY OR TOWN Baltim	D.	INSIDE CITY LIMITS?
ĺ.,	, .				E. STREET AND NUMBE		TES NO
14	30-11	Delta Con	Hognito	.7		Heath St.	
5, 5		Balto. Gen.			B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
_	emale	White	WIDOWED [*NEVER MARRIED DIVORCED	Feb. 25, 191	_ last birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
			108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Char Wo		Ва	ank	Balto. M		U S A
13.	FATHER'S NA	WE			14. MOTHER'S MAIDEN	NAME	
	TT-	nknown Patrul	2		Unknown Un	known	
15.	Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	MILES III.	ADDRESS
(Ye	No	(If yes, give war or date	es of service)	212 16 2001	Mr. Walter E	. Horton	41 E. Heath St.
	18.	9:4-1		CAUSE OF DEAT	Н	~	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION DI	RECTLY	Cereb	1- verale	a accord	une 1
		LEADING TO DEATH		(A) IMMEDIATE CAL			× orgi
		of mean the mode of asthenia, etc. Il means		DUE TO, OR A5	A CONSEQUENCE OF	- 000	4:1
		plication which caused		arl	endelen	Lec'	2 1
	ANTECEDENT CAUSES						Zyun
	DISEASES	OR CONDITIONS, II	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
		o obave couse (A) G CONDITION lost.	slating lhe	(C)			
		11				E III	
TION	TO THE DEAT	CANT CONDITIONS CO	HE TERMINAL			********************	
CA		OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes o	Nol 208, IF YES, W	ERE FINDINGS CONSIDERED
RTIFIC	0	WAS PER	FORMED			IN CERTIFYING	CAUSES OF DEATH?
AL CE	OR CONTRIBL	NT WAS UNDERLYING [JTING CAUSE OF medical examiner)	21 B. hom etc.)	e, farm, factory, street, o	in or about 21C. WHERE DII ffice bldg., INJURY OCCUR	D (If in Bol	timore City, give exact location)
100	21 D. TIME	(Month) (Day) (Year)	(Hour) 21F.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
ME	OF INJURY		Whi	ile At 🗀 Not Whil	le 🗂		
	(APPROX.)		Wo	rk L At Work			
	22. 1 certify	that (1) (this hospita	l) ottended ti	he deceased, from		19 67 10 0	
		last saw the decease					oplnian death accurred an the date
			ted abave. (I) (We) (did) (did not)	view the bady ofter deo	th.	
	23A. SIONATU		6		and the second s	5.4	23 B. DATE SIGNED
	00	ornulo l	1. 120	OEGREE Phy	ending Med. Director	Staff Phys.	1-//1/74
	PHYSICIA NAME (T	N°S	.600		23D. ADDRESS	rat o	ru.
24/		MATION, 248. DATE		OEGREE AME of CEMETERY OF CR	EMATORY 241	D. LOCATION	(City, town, or county) (State)
	Burial	12 21 7	70	Cedar Hill	E	Brooklyn, A.	. A. Co. Md.
25/	A. DATE REC'D	BY HEALTH DEPT.	258. NAME (OF REGISTRAR	25C. FUNERAL DIREC	(1)	ADDRESS
	DEC 2.	1970 Robert	E Fa B	A RA	9 3 2	UMc Cully	130 E. Fort Ave.
VS	150-REV. 1/1/	68	-	+ afterfeit de service			

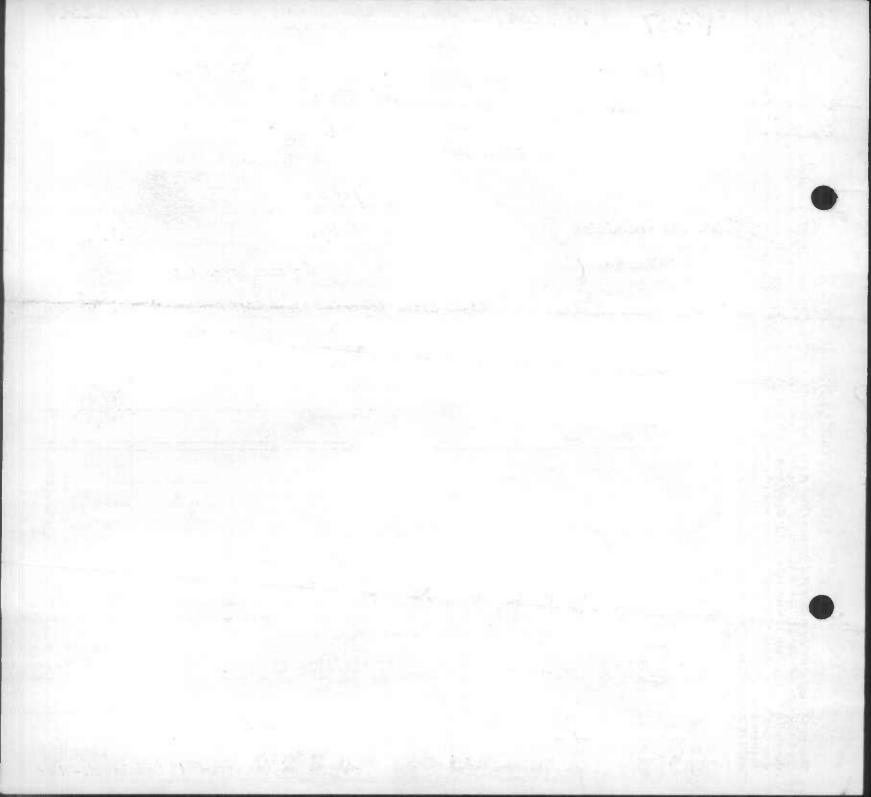


d	1-251	70 1	2347	BALTIMORE CI				1	12347
BIE	TH NO.			CERTIFIC	ATE OF	DEATH	REG. NO		
1, 1	NAME OF DECEASE	D				2. DATE AN	ND HOUR OF DEATH	н	
Ľ	pe or Print) Rut	L. Rose	nbeva			12.15	70 1135		,
3.	PLACE IN BALTIMO	RE MARYLAND, V	HERE PRONO	UN CED DEAD	4. USUAL A. STATE	RESIDENCE (Whe	ne deceased lived. If	institution: re	sidence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)						ryland			1749
					C. CITY O		D. IN	ISIDE CITY (MITS?
					Ba	ltimore		YES T	NO
	SINIAL	HOSPITAL	- of B	ALTIMORE	E. STREET	AND NUMBER			
						18 Buri	nwood Rd		
lo d	SEX 6. RA		7. MARRIED	NEVER MARRIED	- / .	1	9. AGE (In years lost birthday)	If Under Months	1 Yr. If Under 24 His Doys Hours Min.
		W	WIDOWED		1///	04	66		
OA Jon	. USUAL OCCUPATI e, during most of working	ION (Give kind of world life, even if retired)	10B. KIND O	BUSINESS OR INDUST	RY 11. BIRTHP	LACE (State or fore	ign country)	12. CITIZ	EN OF WHAT COUNTR
	t. Lab led				Bas	lto. Nd.		11	.S.A.
3.	FATHER'S NAME				14. MOTH	ER'S MAIDEN NA	ME	- 4	
	"illiam	Rosenberg				Rhan-	a (an-		
5.	Wos Doceased Ever	0	cos?	1 6. SOCIAL	17. INFORA	MANT	a Saperstei	n	ADDRESS
10:	, no of unknown) (If y	es, give wor or dote	s of service)	SECURITY NO.					
_	No			212-32-1256	(harl	les Siegel	-5100 Nonum	nent Av	e. Richmond
	18. 4	10		CAUSE OF DEA	ATH COLL	NO AN	EURYSM	8	APPROXIMATE INTERVAL ETWEEN ONSET AND DEAT
		CONDITION DI	RECTLY	1100	of	An PTA			24 hrs.
	(This does not m	eon the made of	dying, e.g.,	(A) IMMEDIATE C	S A CONSEQU	FORTA.	**********		(1000)
	heort failure, asthe	nio, elc. If means	the diseose,						
		CEDENT CAUSES		HYP	ERTEN	151 W.			Yrs.
		ONDITIONS, if		(B) DUE TO, OR	AS A CONSEC	HENCE OF	****************		
	rise to the ab	ove cause (A)	sloling the			ocitor of			
	UNDERLYING CO	NDITION last.		(c)					
z	OTHER STOLLES	11	ATRICITED AC						
2	TO THE DEATH BUT	NOT RELATED TO TH	HE TERMINAL						
CERTIFICATION	19A-DATE OF OPER	RATION 198 CON	DITION FOR Y	WHICH OPERATION	20 A. AL	JTOPSY? (Yes or No	DI 208 IF YES WERE	FINDINGS	CONSIDERED
RTI	2	WAS PERI	FORMED			ES.	IN CERTIFYING C	AUSES OF D	EATH?
	21A. ACCIDENT W.	AS UNDERLYINO	218	PLACE OF INJURY (e.g.	in or obout 21	IC. WHERE DID	(II In Boltime	ore City, give	exoct location)
CAL	DEATH (notify medi-	col exomined	etc.	e, larm, toclory, street,	orace bldg., If	AJURT OCCUR?			
	21D. TIME (Moi	nth) (Doy) (Year)	(Houd) 21E	INJURY OCCURRED	21	IF. HOW DID INJ	URY OCCUR?		
E	OF INJURY IAPPROX.)		Wh	lle At T Not W					
		(nf. f.s	1110	K - A1 170		= 0		, , = =	
	22. I cerlity that	(this hospital) attended t	he deceased fram			19ta12		
				12.15.70	19	and the	at In (my) (aur) ap	Inlan death	accurred an the do
	and have and from	the causes stat	ed abave. (1) (We) (did) (di d not)	view the ba	dy after death.			
	23A. SIGNATURE	Bal. 1)	~49	100	Handing -	Med -	54.11 -	23 B. DATE	-
	(Mu).	rough	inner	DEGREE PI	tending		Staff Phys.	1/2	.15.70
	23C. PHYSICIAM'S NAME (Type)				23D. ADDRE	SS -			
	M. BOD		IER.	M.D. DEGRE	14	mai	4		
4A	BURIAL CREMATIC	ON, 24B DATE	24C. N	AME of CEMETERY of C	REMATORY			City, town, or	county) (Stote)
	Burial	12-17-7	0	Both SIC	1	9	Richmond Va.	•	
25A	DATE REC'D BY H	EALTH DEPT	258 NAME C	Beth El Ceme	25C. FU	NERAL DIRECTOR			ADDRESS
77	FOZI 107	1 Robert E.	Valena.	ACD (1	2 78%	n S. Bille	Inc641	5 Belai	r Rd21206
5	50-REV. 1/1/68								76 712.00

70 12347

Ave. Richmond Va.

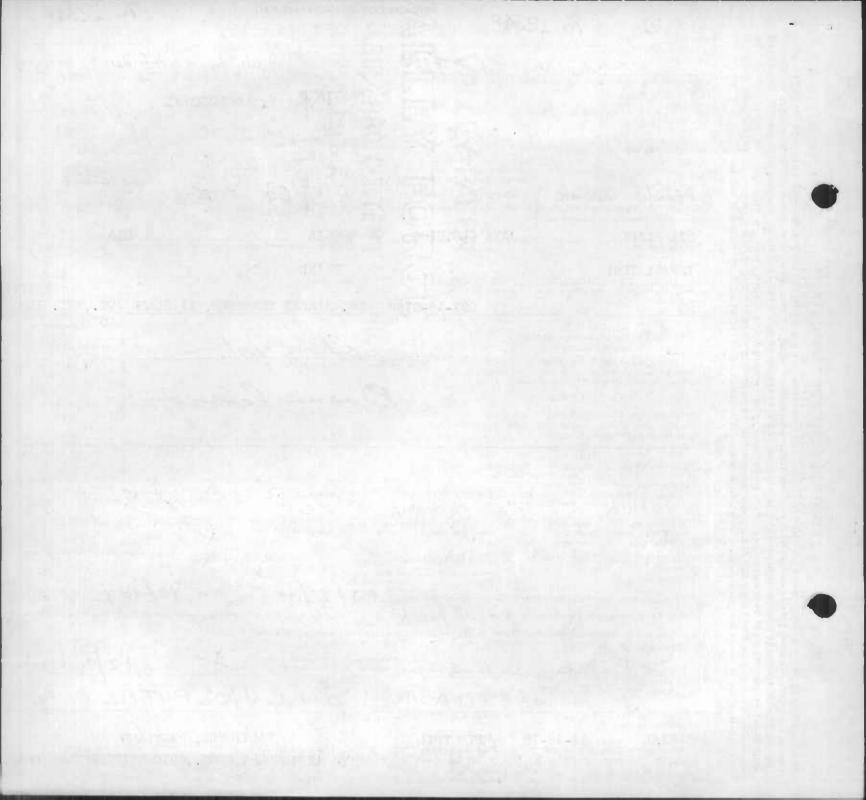
APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH



IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CIT	Y HEALTH DEPARTMENT 70 12348
5-650 70 12348 CERTIFICA	ATE OF DEATH X REG. NO.
TINAME OF DECEASED (Type or Print) KROHN, BERTHA	2. DATE AND HOUR OF DEATH 12/16/20 4:40/94 M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where degeosed tived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	A. STATE MARY LAND C. CITY OR TOWN B. COUNTY D. INSIDE CITY LIMITS?
SINAI HOSPITAL	Baltimore YES NO
OF BALTIMORE	E. STREET AND NUMBER
5. SEX 6. RACE 7- MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yours If Under 1 Yr. If Under 24 Hrs. Months; Days Hours Min.
Fengle white WIDOWED DIVORCED	8730/08 XXXXX 68
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or tareign country) 12. CITIZEN OF WHAT COUNTRY?
SALESLADY JAYS CLOTHING	RUSSIA USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ISRAEL TERL	PEARL ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknawn) (If yes, give wor at dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS #21208
NO 092-10-1760	MRS. ALBERT KERMISCH, 11 SLADE AVE., APT. 106
18. / CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY	ALL I I A
LEADING TO DEATH	USE Skart failing
	5 A CONSEQUENCE OF:
injury at complication which caused death.)	
ANTECEDENT CAUSES	a) come (a renoun)
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:
rise to the above cause (A) stating the	
UNDERLYING CONDITION lost. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
V DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes at No) 20B. IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
U 21A, ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	in or about 21 C. WHERE DID (If in Baltimore City, give exact facation)
OR CONTRIBUTING CAUSE OF home, form, foctory, street,	office bldg., INJURY OCCUR?
21D. TIME (Month) (Day) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While At Not WI (APPROX.)	k
22. I certify that (I) (this haspital) attended the deceased fram	12/2/70 19 to 12/16/ 1970.
12/1/	19.70 and that in (my) (aur) apinian death accurred an the date
that (I) (we) last saw the deceased alive an	
and how and fram the causes stated abave. (1) (We) (did) (did nat)	view the bady after death. 238. DATE SIGNED
23A. SIGNATURE	Hending Med. Stoff
Druma serger PI	nys. Directar Phys. Phys.
23 C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
1-10. SRINIVASAN	DINAL HOSPITAL OF BADIN
24A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY or C	REMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL 12-18-70 ETH TFILOH	BALTIMORE, MARYLAND
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	256 FUNERAL DIRECTOR BROS., 6010 REISTERSTOWN ROAD
AFRAY WIR Agons of Agons Agons	



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if d	. ¥	pos
This certificate must be approved by the chief medical examiner or his assistant if death a furred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death the body was released to the hospital by a medical examiner. (3) A fracture of any kind. (4) Independent and the contribution of any actives (5) and butter (6) and the contribution of any actives (7) and the contribution of any actives (7) and the contribution of any actives (8) and the contribution of any actives (8) and the contribution of any active (8) and the contribution of active (8) and th	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (b) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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5-600 70 123		Y HEALTH DEPARTMENT	70 12349 eg. no				
INAME OF DECEASED		2. DATE AND HOUR	OF DEATH				
(Type or Print) SCHERR,	BERTHA	16th Dec	. 1970 1 8.30 AM				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	RONOUNCED DEAD	4. USUAL RESIDENCE (Where deceases	d lived If institution: residence before admission				
FULL NAME OF (IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	MARYLAND	2831				
HOSPITAL OR ADDRESS OR LOCATION		C. CITY OR TOWN	D. INSIDE CITY LIMITS?				
Va Crana Una	0 -	BALTIMORE	YES NO				
2 SINAI HOSPITAL OF		e. STREET AND NUMBER 4110 FORDLEIGH R	OAD				
1 Acres nor	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In lost birthdo 76	ayl Manths Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of work 10B, KINdone during most of working life, even if retired)			12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
UNKNOWN ABRAMS		UNKNOWN					
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) (If yes, give war or dates of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
NO	NO	MR. MAX SCHERR, 4110	FORDLEIGH RD. #21215				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the made of dying, heart foilure, asthenia, etc. It meons the dis injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, grise in the obove couse (A) stoling UNDERLYING CONDITION lost. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM! DISEASE OR CONDITION GIVEN IN PART 1 (A). 17 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	iving DUE 10, OR AS the (c)	A CONSEQUENCE OF: LUCI Y A CONSEQUENCE OF: LUCI Y	RETWEEN ONSET AND DEATH THE STAY ACTION TO STAY TO STAY				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i hame, farm, factory, street, a etc.)	n or obout 21 C. WHERE DID	f in Bolitimore City, give exact lacotion)				
21D.TIME (Month) (Day) (Year) (Haur) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJURY OCCU	UR?				
that (1) we last saw the deceased alive	22. I certify that (I) (this hospital) attended the deceased fram 12th November 1970 to Dec. 16th 1970 that (I) (we) last saw the deceased alive an Dec. 15th 1970 and that in (my) (our) opinion death occurred on the date and hour and fram the causes stated obave. (I) (We) (did) (did not) view the body ofter death.						
23A. SIGNATURE DA		iew the body offer dedits.	238, DATE SIGNED				
Stenad n	7D After Phys	nding Med. Staff Phys.	16 th Dec 1910				
23C. PHYSICIAN'S NAME (Type)	DEOXEE	23D. ADDRESS SINAI HOSPITAL					
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, ar caunty) (State)				
BURIAL 12-17-70	AGUDAS BNAI JAC	COB LODGE ROSEDALE	MARYLAND				
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR						
DEC 21 1970 P.C. E 34	Ben M.B.	SOF LEATINGON & BROS	6.,6010 REISTÉRSOOWN ROAD				

THE OWN EXPERIENCE AND A DESCRIPTION OF THE OWNER.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	3-634	7	12350		HEALTH DEPARTMENT	V 250 NO	71 100 -		
	RTH NO.	10.	LCOST	CERTIFICA	TE OF DEATH	KEG, NO,	76 12350		
	pe or Print)	Louis (Sarden			NO HOUR OF DEATH	9:00 A.M.,		
3.	PLACE IN BALT	IMORE, MARYLAND, W		DUNCED DEAD			nstitution: residence before odmission		
II H	ILL NAME OF	(IF NOT IN HOSPIT	AL OR INSTI	TUTION, GIVE STREET	A. STATE RY LAND X. DEWIND	migration y target your	ewx homex xxx infx.		
IN	STITUTION"	3-3- TY 2			E MANNING TOWN	ALLSTOWN D. INS	SIDE CITY LIMITS?		
1		dale Hebrew More, Maryl			E. STREET AND NUMBER BELIXAGORYSX X&	8340 CHURCI	I LANE		
5.	SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in veors	If Under 1 Yr. , If Under 24 Hrs		
	MALE	WHITE	WIDOWED		12-18-93	lost birthday	Months Doys Hours Min.		
10A	LUSUAL OCCU	PATION (Give kind of work rorking life, even if retired)	108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTR		
	FOREMA		XXXXX	DOWN ESSKAY	RESEARCH LIT	HUANIA	USA		
13.	FATHER'S NAM	A E	-		14. MOTHER'S MAIDEN NA	ME			
	HERBEI	RT GARDEN XXXX	YOK MACK		Makakawa RI	FKA ?			
15. (Ye		Ever in U. S. Armed For (If yes, give war or date		I 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	YES	W.W. I	o di scritco	213-05-2532		IEDMAN, 3631	1 PASKIN PL, APT. #:		
	18, 0 //	.9 1		CAUSE OF DEAT	H SYOYOK	FILL	LCREST APTS #7		
	DISEAS	OR CONDITION DI	RECTLY				BETWEEN ONSET AND DEAT		
		LEADING TO DEATH (A) IMMEDIATE CAUSE PROLIMON 1 a 10 days							
	heart failure,	of moon the made of asthenia, etc. It means	the disease	DUETO OF AC	A CONSEQUENCE OF:				
	injuly of com	plication which caused	death.)		Probable	septicemia			
	A	NTECEDENT CAUSES		(B) Ouest	ionable pulm	onary T. B	3		
		R CONDITIONS, il							
		CONDITION last.	are thing and	(c) Quest	ionable Addi	son's dise	ase		
~		- 11							
ATION	TO THE DEATH	CANT CONDITIONS COL BUT NOT RELATED TO TO ENDITION GIVEN IN PAR	HE TERMINAL	***************************************		***	***************************************		
ERTIFIC	19A. DATE OF	OPERATION 198 CON WAS PERF	DITION FOR	WHICH OPERATION	Yes	IN CERTIFYING CA			
CALCE	OR CONTRIBUT	T WAS UNDERLYINO TING CAUSE OF medical exomined	211 hos etc	me, farm, foctory, street, at	n or obout 21 C. WHERE DID	(If In Baltima	re City, give exoct lacotion)		
MEDI	21 D. TIME OF INJURY IAPPROX.)	(Month) (Doy) (Year)	w	L INJURY OCCURRED hile At No. While At Work	21F. HOW DID IN	JURY OCCUR?			
	22. L cortify (that (1) (this hospital			11-4	19 69 to 10	3-17 1970		
		last saw the decease		A 1 and			Inian death accurred on the dat		
				*****************************	lew the body after death.		nian death accurred on the dat		
	23A. SIGNATUR		ed ubove. ((i) (iie) (aia) (aia nar) v	lew the body after death.		23 B. DATE SIGNED		
		Kama	LiM	OEGREE Phys	nding Med.	Staff Phys.	12.17.70		
	NAME (Ty	Kamal Ja	ain. M	D	Torrindala	D-1+:			
24/	REMOVAL CREA	AATION, 248, DATE		AME of CEMETERY of CRE	Levindale,	OCATION (C	ily, town, or county) (Slote)		
25.4	BURIAL			NAI ISRAEL	BA	LTIMORE, MAR	RYLAND		
234	DEO 91	BY HEALTH DEPT.	ZSB. NAME	OF REGISTRAR	2SC. FUNERAL DIRECTO	RPOS 6010	ADDRESS DETSTERSTOWN ROAL		

DECOL. SIV Valle of the V\$ 150-REV. 1/1/68

THE CONTRACT STRAINS ASSESSED TO

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FUNERAL DIRECTOR: IMPORTANT

This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased death was in regular attendance on the nce on the deceased prior to death. Such deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made. was D.O.A. at a hospital (except where the physician who pronounced

VS

150-REV. 1/1/68

BIRTH NO	452 70 1	2351	BALTIMORE CITY CERTIFICA	TE OF DEATH	REG. NO	70 12351
	Print BESSIE /	3LAN	K	2. DATE	AND HOUR OF DEAT	H 1/1 Aus
	E IN BALTIMORE, MARYLAND, Y			4. USUAL RESIDENCE (\\ A. STATE B. CO	Where deceased lived, If	institution: residence before admission)
FULL NA HOSPITA INSTITUT	L OR ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	MARY LAND C. CITY OR TOWN	Ralto	ISIDE CITY LIMITS?
4/2	SINAI HOSPITAL			BALTIMORE E. STREET AND NUMBE 5-7 SLADE	R AVENUE, APT.	YES NO 518
5. SEX	male White	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 2-18-1903	9. AGE (In years last birthday)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
done durin	AL OCCUPATION (Give kind of wor og most of working tife, even if retired) HOUSEWIFE ER'S NAME	AT HO		BALTIMORE,	fareign country) MARY LAND	USA
	LOUIS SCHREIBER			14. MOTHER'S MAIDEN	NAME	
5. Was E Yes, no or	Decoased Ever in U. S. Armed Founknown) (If yes, give war at dolo	rces? es of service)	6. SOCIAL SECURITY NO.	17. INFORMANT MR. ALVIN L.	BLANK, 8206	ADDRESS SPRING BOTTOM WAY #
NO OTHER	ASES OR CONDITIONS, if lo like obove cause (A) DERLYING CONDITION lost. II R SIGNIFICANT CONDITIONS CO HE DEATH BUT NOT RELATED TO T ASE OR CONDITION GIVEN IN PAR	NTRIBUTING HE TERMINAL RT 1 (A).	(c)D/A-	A CONSEQUENCE OF:		5 Y/RS
ERTE	DATE OF OPERATION 198, CON WAS PER	FORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or		E FINDINGS CONSIDERED AUSES OF DEATH?
OR C	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF H (notify medical examinet)		PLACE OF INJURY (e.g., in e, farm, foctory, street, aff			ore City, give exact lacotion)
OF IN	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While A1 Not Work A1 Work					
that((1) we) less saw the decease hour and from the couses storigh ATURE	d alive on	12/2)(Wa) (did) (44 not) vi	ew the body ofter deot	The second secon	DEC 17 19 70 Dinion deoth accurred an the dote 23B. DATE SIGNED 12/17/70
23C.P	HYSICIAM'S NAME (Type) B. R. S	HOCHET		3D, ADDRESS GARK	NEIGHT	TS AVE
REM.	AL CREMATION, 24B, DATE OVAL (Specify) BURIAL 12-18- E REC'D BY HEALTH (SEPA)		ARFI ZION			Sity, town, or county) (State) (LAND)

- - TA - - - -

	Y 200 - 1000		HEALTH DEPARTMENT	7.	12352
	7-320 70 12352	CERTIFICA	TE OF DEATH	REG. NO.	LEOUE
	1. NAME OF DECEASED (Type or Print) KATZ, REBEC	CA	4 . 64	D HOUR OF DEATH	. 6.4.6
	3. PLACE IN BALTIMORE, MARTLAND, WHERE PRO		4. USUAL RESIDENCE (Where	Dec. 1970 e deceased lived. If institutions	residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)	TITUTION, GIVE STREET	A. STATE B. COUNT	YORK	V-29
ı	1.14		12na-111	D. INSIDE CITY	
	SINAI HOSPITAL OF	BALTIMORE IN	E. STREET AND NUMBER	! ST.	
	5. SEX FEHALO 6. RACE WHITE 7. MARRI WIDOW	ED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH APR 1899	ost birthdoy) Month	der 1 Yr. If Under 24 Hrs. Doys Hours Min.
	IOA, USUAL OCCUPATION (Give kind of work 108, KIND dane during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE Slate or fareig	gn countryi 12. Ci	TIZEN OF WHAT COUNTRY
	Housewife 1	IT Home	RUSSIA		USA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	^{AE} >	
	2-15K1 2UBEROFF		PEARL		
	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dotes of service)	e) 16. SOCIAL SECURITY NO.	17 INFORMANT JEFRER CHAPEL	4620 FT. H	ANILTON PILO
	No	No.	BROOKLYN	N. Y 11219	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	n		BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAL	ise Cerebral a	moxia and	24 hrs.
	(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disea injury at complication which caused death.)	.g., DUE TO, OR AS	A CONSEQUENCE OF: Cora	jae standstill	a a 66 a 70 a 30, was an one on a comp o quad de da
	ANTECEDENT CAUSES	(B) Card	ac arrest re	shecitated	24 hrs.
	DISEASES OR CONDITIONS, it any, giv				
	UNDERLYING CONDITION last.	(c) A cut	. Myocardial	Infarction.	26 hrs.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN				
	O THE DEATH BUT NOT RELATED TO THE TERMIN. DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FO	PR WHICH OPERATION	[20 A. AUTOPSY? (Yes or No)		S CONSIDERED
	19A-DATE OF OPERATION 19B CONDITION FO		No	IN CERTIFYING CAUSES OF	DEATH?
	O 21A. A CCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF	21& PLACE OF INJURY (e.g., i home, form, foctory, street, of elc.)	n or about 21C. WHERE DID ince bldg. INJURY OCCUR?	(If In Baltimore City, g	lve exact lacotian)
	S OF INJURY	While At Not While Work At Work		JRY OCCUR?	
l	22. I certify that (1) (this haspital) attende	d the deceased from	12-16-70 1	9to	- 17 - 1970
	that (1) we lost saw the deceased alive o	n 12 - 17	- 19 70 ond the	it in(my) (our) opinion de	oth occurred on the date
	and have and from the causes stated above	(I) (We) (did) (did nat) v	lew the bady after death.		
I	23A. SIGNATURE Asonad		12 /12/20		
	23C.PHYSICIAN'S	OEGREE Phys	nding Med. Director 23D. ADDRESS	Staff Phys.	2/11/1
	NAME (Type) P. PRASAL	m.D	lina		
	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	NAME of CEMETERY of CRI	MATORY 24D. LO	CATION (City, town,	or county! (Stote)
	BURIAL 12/18/20/	MT. HEBRON	FLO	SHING, IVY	
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAV		25G FUNERAL DIRECTOR		ADDRESS
	VS 150-REV. 1/1/6B		SOL LEVINSON	1 TBROS 6010	Reist, Rd.

Oaklawn

25C. FUNERAL DIRECTOR _Mc_Cully

250. NAME OF REGISTRAR

REMOVAL (Specify)

Burial

VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

(City, lown, or county)

Balto. Md.

130 E. Fort Ave.

(State)

deceased written ap

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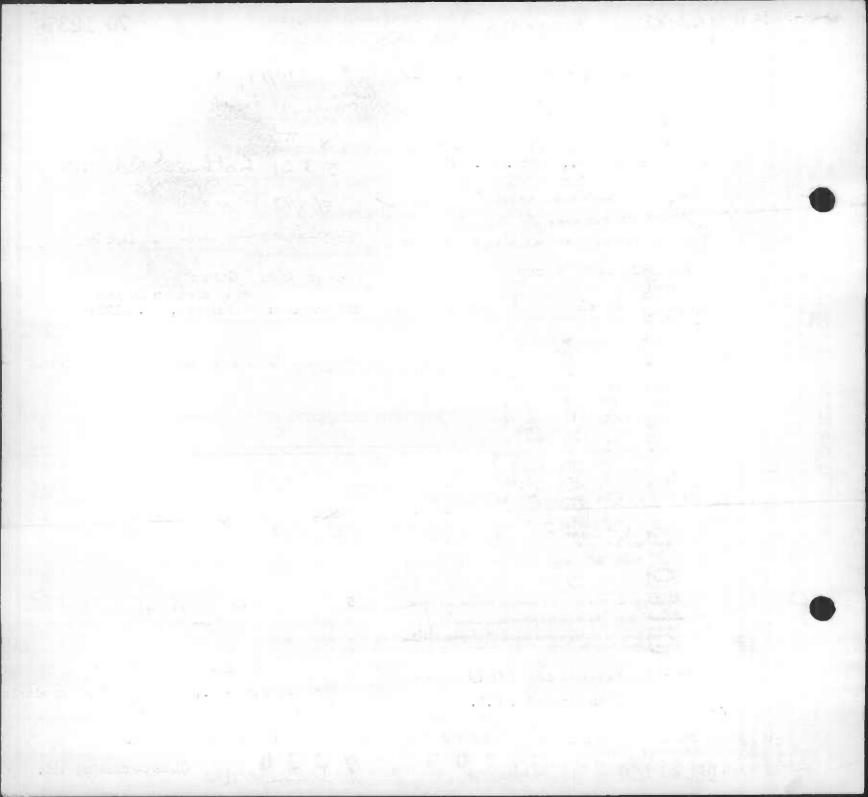
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24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Buria 25A. DATE REC'D . RY JEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR M. Waltz, Box 326, Sykesville, Md. A Proper little part and a second

	M N 5 70 12355	BALTIMORE CITY	HEALTH DEPARTMENT	70 12355			
6	SIRTH NO.	CERTIFICA	TE OF DEATH				
1	Type ST Papel AH MC Cok	2MICK	DEC	D HOUR OF DEATH	0 15:00A M		
	3. PLACE IN BALTIMORE, MARYLANO, WHERE PRONOL		A. STATE B. COUNT		stitution: residence before odmission)		
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) INSTITUTION		C. CIFY OR TOWN	D. INSI	DE CITY LIMITS?		
10	PINE RIDGE NURS	E. STREET AND NUMBER	RE	YES ANO			
	TIVE ICITE		3401 SU	UTITERA	IAVE.		
	6. RACE 7. MARRIED [WIDOWED]	DIVORCED	AV6 18 1859	9. AGE (In years lost birthday)	If Under 1 Yr. If Undor 24 Hrs. Months Ooys Haurs Min.		
	IDA. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during mast of working life, even if retired)	IN BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?			
	HOME MAKER OWN	HOME	TRELAND	2	JERLAND IRALAND		
	Robert Thompson	2	14. MOTHER'S MAIDEN NAN	A.E.			
ī	5. Was Deceased Ever in U. S. Armed Farces? Yes, no or unknown) (It yes, give wor or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		AODRESS		
	Ne	013-30-0924	John Mc CORM	ricle	SAMEAS # 4 FL		
1	LEAOING TO OEATH (This does not mean the mode all dying, e.g., heart failure, asthemia, etc. It means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES OISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNOERLYING CONDITION last. I) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (A). 19A.DATE OF OPERATION 19B. CONDITION FOR V	2 Hypert 3 DUE TO, OR AS 4 Offin I a	as arleren	Lucy C Sembly The pelet drances	g / O yez		
	WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH?		
	OR CONTRIBUTING CAUSE OF OEATH (notify medical examinar)	ne, form, foctory, street, o	n or obout 21C. WHERE DID INJURY OCCUR?	(It in Boltimor	e City, give exact location)		
	U OF INJURY	INJURY OCCURRED Lile At Work At Work		URY OCCUR?			
	22. I certify that (I) (this hospital) attended the deceased fram 19 10 that (I) (we) last saw the deceased alive an 19 10 and that in (my) (op) apinian death accurred an the date and have and fram the causes stated above. (I) (We) (did) (did not) view the body after death.						
	236 PHYSICIANS PHYSICIANS NAME (Type) ON ALD W. MINT	DEGREE Phy		Stoff Phys. D	12/17/70 12/17/70 VE BATO NUL		
	24A. BURIAL CREMATION, 24B. DATE 24C. N. REMOVAL (Specify)	AME of CEMETERY OF CR	EMATORY 24D. LO	OCATION (C)	ity, town, or county) (Stote)		
	BURIAL 12-21-70 HA	of rEGISTRAR	EMETERY CHE	elmssord	MASS AODRESS		
	25A. DATE REC'D BY HEALTH CEPT. 25B. NAME C	(0.000	0 0 8 5 7	oks Towcon.			
1	VS 150-REV. 1/1/6B				71204		

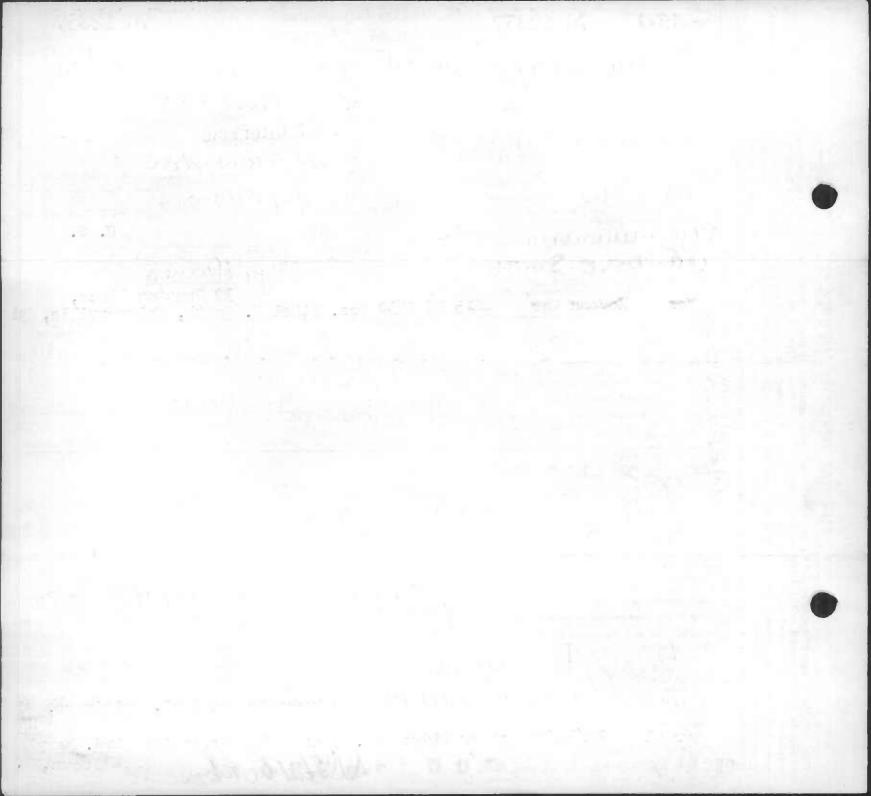
A CONTRACTOR OF THE CONTRACTOR

P.600 70 12356		HEALTH DEPARTMENT		70 12356			
pikin NO.	CERTIFICA	TE OF DEATH	REG. NO				
1. NAME OF DECEASED			ND HOUR OF DEATH				
3 BLACE IN PATRICKS		12/1	4/70	111 P. M.			
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Who	eceosed lived, If in:	stitution: residence before admission)			
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TION, GIVE STREET			2//0			
INSTITUTION		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?			
Baltimore City Ho	spitals	E. STREET AND NUMBER		YES NO			
4940 Eastern Ave., Balto. Md.	21224	5531	Rd, 21212				
5. SEX 6. RACE White 7. MARRIED WIDOWED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Il Under 1 Yr. Il Under 24 Hrs. Months Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?			
done during most of working life, even il refired)		Maryland		USA.			
13. FATHER'S NAME	1. Store	14 MOTHER'S MAIDEN NAI	usm.				
Richard Earl Perry							
Transfer British	6. SOCIAL	Kathryn dross		2238COA			
1	SECURITY NO. 20 07 0908	BCH Records:	4940 Easter				
18.	20 07 0908 CAUSE OF DEATH		Baltimore,				
DISEASE OR CONDITION DIRECTLY	CAUL OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
LEADING TO DEATH	(ANIMMEDIATE CALL	E Mana Boo	or Dias	154			
heart failure, asthenia, etc. Il means the disease	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. 11 means the disease						
injury at complication which caused deoth.)	injury at complication which caused deoth.)						
ANTECEDENT CAUSES (B)							
DISEASES OR CONDITIONS, if any, giving	rise to the above cause (A) stating the						
UNDERLYING CONDITION lost. (C)							
2 11	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
DISEASE OR CONDITION GIVEN IN PART 1 (A).	IICH OPERATION	20A. AUTOPSY? (Yes or No.	208 IF YES WERE EL	NDINGS CONSIDERS			
WAS PERFORMED		Xes	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?			
	ACE OF INJURY le.g., in farm, factory, streat, affi	or obout 21 C. WHERE DID	1	City, give exoct location)			
210-TIME (Month) (Doy) (Year) (Haud 21E 1	NJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
(APPROX.) While Work	At Not While						
22. I certify that (II) (this bosoltal) attended the descent (
that (1) (we) last sow the deceased olive on 12/14 19 10 and that In (my) (oue) opinion death occurred on the date							
and hour and from the causes stated above. (1) (We) (did) (did set) view the body after death.							
23A. SIGNATURE				23B. DATE SIGNED			
flon Fred M.	DEGREE Phys.		Shaff Phys.	12/14/20			
23C.PHYSICIAN'S NAME (Type) Allan Krumholz, M.I	imore City Hospitals						
	DEGREE	6032 E. t	nott	34.			
REMOVAL (Specify)	E el CEMETERY OF CREA			town, or county) (Stole)			
25A DAYE SCOR BY WELL BOTH	ster Cemete		estertown,	Md.			
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF							
DEC 21 1970 Q. 08 30 00 8	REGISTRAR	25C FUNERAL DIRECTOR) M Che	estertown, Md.			



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.C.A. at a nospiral (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death such	written approval must be obtained before the remains are embalmed or final disposition is made.	
This cert	shows: (decease	written	9

S-3	30	70 123	357	BALTIMORE CITY CERTIFICA	HEALTH DEPART		X REG. NO	70 1	12357
1. NAME (of DECEASED	WESL	EX	SMITH	2	DATE AN	ND HOUR OF DEATH	12/14	1/70
FULL NAM	ME OF (IF)	MARYLAND, WHERI	R INSTITUTIO		MD.	FR	EDERICE	stitution resid	ende before admissian)
3 8	NIVE	RSITY E	920t	ITAL	E. STREET AND I	SVIU	E, MD.	YES	S?
5. SEX	6. RACE	1 . 1	ARRIED 1	NEVER MARRIED	8. DATE OF BIRTH	/20/2	9. AGE (In years last bisthday)	If Under 1 Months; Do	Yr. If Under 24 Hrs.
done during	most of working life	(Give kind of work 108, oven if retired)		DIVORCED DINESS OR INDUSTRY	11. BIRTHPLACE (S	late of fare	ign country)		OF WHAT COUNTRY?
13. FATHER	'S NAME	100 Taylo			14. MOTHER'S MA	AIDEN NA	ME		J. S.
(0)	witer		oble		EN	ely	11 Hains	7	
15. Was De (Yes, no ar u	ceosed Ever in Unknown) (If yes, s	S. Armed forces? give wor or dates of rean War		SOCIAL SECURITY NO. 13 28 9530	Mrs. Et	hel N	39 Hamp	ton Pi	DRESS .ace,
DISEA NOTHER:	does not mean aiture, asthenia, ar complication ANTECED SES OR CONI to the above RLYING CONDI SIGNIFICANT CO	TO DEATH The mode of dyin elc. It means the control which coused death THENT CAUSES DITIONS, if ony, couse (A) stolic tion lost. The moditions contributed the term of the	giving he UTING	(B) Peace	SE CONSEQUENCE O	the	mu frence stree le		5 Maudia
19A.DA	2/11/76	WAS PERFORM	3 Cu	ntumor	YES		208 IF YES, WERE FIN CERTIFYING CAU	NDINGS COL	NSIDERED IH?
OR CO	CIDENT WAS L NTRIBUTING C Inotify medical e	CAUSE OF -	home, for	CE OF INJURY le.g., in rm, lactory, street, aff	or obout 21C, WHE INJURY O	CCUR?	(II In Boltimore	City, give exc	ict location)
S OF INJ	(APPROX.) While A1 Not While A1 Work								
	22. I certify that (1) (this haspital) attended the deceased from 19 to 19 to 19 to 19 that (1) (we) last saw the deceased alive an 19 To and that Ir(my) (aur) apinian death occurred an the date								
23A. 51G	and haur and fram the causes stated obave (I) (We) (did) (dld nat) view the bady after death. 23A, SIGNATURE Attending Med. Director Phys. 23B, DATE, SIGNED 23C. PHYSICIAN'S NAME IType) 23D. ADDRESS								
24A. BURIAL REMO	L CREMATION, VAL ISpecify)	S J CH	24C. NAME	OF CEMETERY OF CREA	MATORY Unive	Prsit		, Bal	
Bur	ial	12/17/70 H DEPT. 256	Meado	W Ridge Me		Ol DIRECTOR	d Washingt	on Bly	vd. Maryla
ECZI	15/1 16	Sind E. Wille	as PRA	0000	DO WILL	The	C Todons	Liber	tytown, Md.



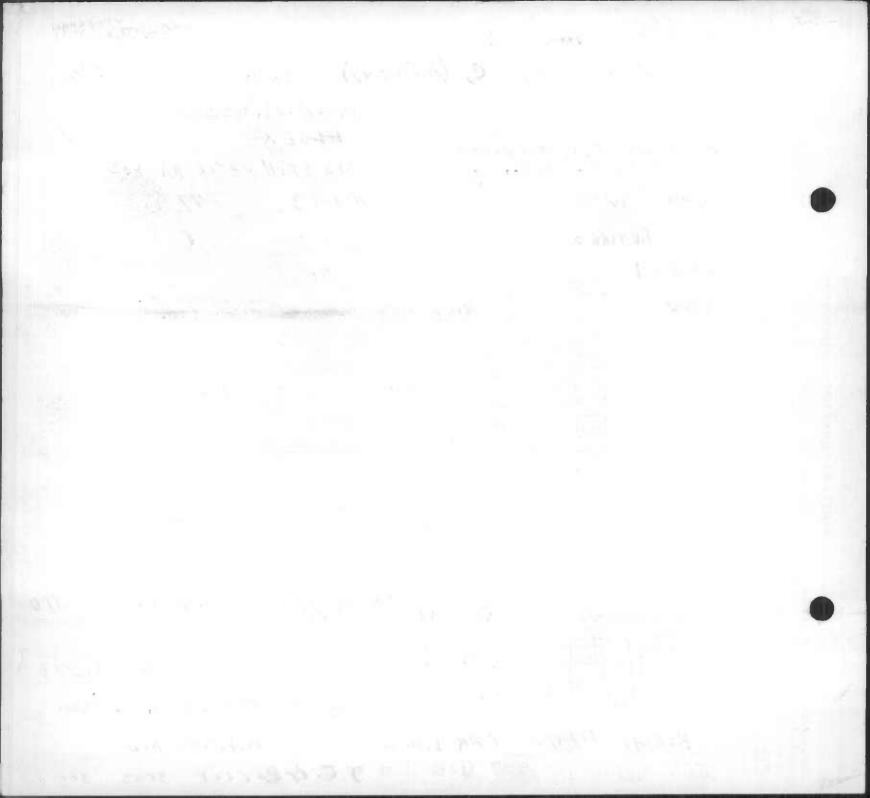
Im 11 70 12358	BALTIMORE CITY	HEALTH DEPARTMENT	70 12358			
BRTH NO.	CERTIFICA	TE OF DEATH REG. NO.	4400			
1. NAME OF DECEASED WALLACE VERNON MC	BRIDE, JR.	2. DATE AND HOUR OF DEATH	DI LLOD			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE I Where deceased lived. If in A. STATE B. COUNTY	stitution: residence before admission)			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TION, GIVE STREET	MD JESSUP.	6300			
CHURCH Home Hos PITAL		C.CITY OR TOWN JESSUP D. INSI	DE CITY LIMITS? YES NO D			
BALTIMOTE MD	21231	E. STREET AND NUMBER D31 H0221D AMAR	LOBILE ESTATI			
MALE 6. RACE WIDOWED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In yeors last birthdoy)	Months Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF I done during most of working life, even if refired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNTRY?			
MEDICAL REPAIRMAN Bendix	Corp.	MINNESOTA	AMER U.S.A.			
WALLACE V. Mc BRIDE,	Q	14. MOTHER'S MAIDEN NAME AFRICASOF AUREL	WAITE			
	6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
YES	471 50 1020	Wallace V. Mc Bride, Sr.	St. Paul, Minn.			
18.	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Acute airenius of				
(This does not meen the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.)	DUE TO, OR AS	A CONSEQUENCE OF:	RESS AR NOVERS			
ANTECEDENT CAUSES	Wheen	PRIJUP. PANCREAtitis	1 months			
DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	2. 10(0/01/1/2			
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c) Chol.	reystitis peute	5 weaks			
z		0 - 1	,			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		nol FistoLA	1 Weet			
19A-DATE OF OPERATION 19B. CONDITION FOR WI	S ALD Cholesysti	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE IN CERTIFYING CAI	FINDINGS CONSIDERED USES OF DEATH?			
	LACE OF INJURY le.g., in form, foctory, street, of	n or obout 21C, WHERE DID (If in Boltimore bidg., INJURY OCCUR?	E City, give exact location)			
	NJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
IAPPROX.) While Work	While At Not While					
22. I certify that (I) (this hospital) attended the deceased fram, 11/12 19 70 to 12/16/19						
that (1) (we) last saw the deceased alive an	2/5/	19 70 and that in (my) (our) opin	nion death occurred on the dote			
and have and from the causes stated above. (1) (We) (did) (did-not) view the bady after death.						
23A. SIGNATURE A Mello	AHei	nding Med. Stoff Phys.	12 1161'70			
23C. PHYSICIAN'S NAME (Type) HIM WIN MEATOR	M D	BAITO MD	21231			
24A. BURIAL CREMATION, 24B. DATE 24C. NAN	AE of CEMETERY OF CRE	MATORY 24D. LOCATION (Cit	y, town, or county) Stote			
D • N	lawn Cemetery	St. Paul	Minnosoto			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	256 FUNERAL DIRECTOR	Minnesota			
DEC 21 1979 P. G. A. E. Jacobs	P.D.	Wm. Cook-Brooks Towson, In	c. Towson, Md.			

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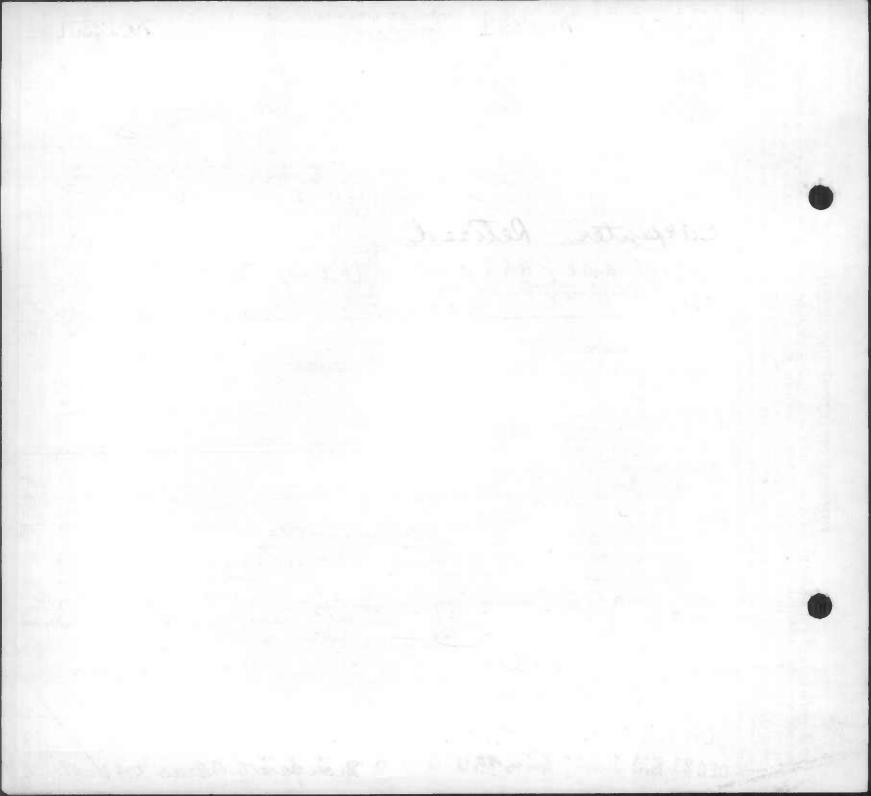
Wallace V. Mc Bride, Sr. St. Paul, Minn.

db l	1 - 22/1	TE OF DEATH REG. NO.	70 12360				
ce on the ath. Such	1. NAME OF DECEASED (Type of Print) STOCK GEORGE C. (ANTHO 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	2. DATE AND HOUR OF DEATH 12 -16 - 20 14. USUAL RESIDENCE (Where deceased lived. If institutions)	1 2 3 m. M. itulion: residence before admission				
attendance ior to deat	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	A. STATE B. COUNTY A STAY AND, Baltimore C. CITY OR TOWN D. INSIDE CITY LIMITS?					
L o	BALT, more CITY HOS PITALS 4940 Eastern Ave. Baltol, Md. 21224	E. STREET AND NUMBER					
regular eased p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	1/ - 7 - 4	If Under 1 Ye, If Under 24 His. Manths Doys Hours Min.				
dec	10A.USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?				
wa the spos	FRed.	14. MOTHER'S MAIDEN NAME	JUA .				
deat nce o final	VNK SECURITY NO. 213-10-59.53	4940 Eastern Av BCH-Records Baltimore, Md.					
attenda med or	DISEASE OR CONDITION DIRECTLY A. S. C. V	D. Diabèles mellilus	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
o prono gular at embaím	(A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES ANTECEDENT CAUSES (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: Bed 3 ores Figure 1.						
n who	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:						
vsicia was main	UNDERLYING CONDITION last. (c)						
sici	19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	YES 20A. AUTOPSY? (Yes of No.) 10 208, IF YES, WERE FIN IN CERTIFYING CAUSE WES	DINGS CONSIDERED				
he	OR CONTRIBUTING CAUSE OF home, form, foctory, street, offi	or obout 21 C. WHERE DID (If In Boltimore C ce bidg., INJURY OCCUR?	ilty, give exact location)				
and (6) Pobtained	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work At Work						
th); all	22. I certify that (I) (this hospital) attended the deceased from 10 - 4 - 70 19 to 19/10 that (I) (we) last saw the deceased alive on 10 - 6 19 70 and that in (my) (aur) opinion death accurred on the date						
a hospital (e to death); c	and hour and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE Attending DEC. 16.70						
was D.O.A. at a h deceased prior to written approval	23D. ADDRESS NAME (Type) 1668 123D. ADDRESS 23D. ADDRESS 23D. ADDRESS Baltimore, Md. 21224						
was D.O.A. deceased pr written app	24G. NAME at CEMETERY OF CREW REMOVAL (Specify) 12/19/70 EAR 1-744 12 256. NAME OF REGISTRAR	240. LOCATION (City, I	lown, or county) (Stotel				
	DEG 21. DA P. C. B. C. B. C. D. C. D	T 17 1. 0	OWS 300 MAG				

300 MAG



E. STREET AND NUMBER 11/4 N. MONROE ST. 5. SEX 6. RACE Mulo Normal Never Married Never Married Normal N	61
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET R. SOUNTY ADDRESS OR LOCATION! WINSTITUTION ADDRESS OR LOCATION! WINSTITUTION BALTIMORE MARY (AN I) HOSPITAL OR INSTITUTION, GIVE STREET R. SOUNTY BALTIMORE MARY (AN I) HOSPITAL OR INSTITUTION, GIVE STREET R. SOUNTY BALTIMORE MD. BALTIMORE D. INSIDE CITY LIMITS? FES D. E. STREET AND NUMBER MONROE TILLY MONROE TILLY MONROE TO. MONROE TILLY MONROE TO. MONROE TILLY MONR	401
HISTITUTION ADDRESS OR LOCATION) WINSTITUTION BALTIMORE MA BALTIMORE MA E. STREET AND NUMBER WIDOWED DIVORCED 10-R-98	pelore admission)
BALTIMORE Md. E. STREET AND NUMBER 1/4 N. MONROE ST.	04
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 10. DIVORCED 10. USUAL OCCUPATION (Sive kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country) 10. USUAL OCCUPATION (Sive kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF V 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Wos Deceased Ever in U. S. Armed Forcos? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart loiture, asthenic, etc. II meons the disease, injury or complication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	0 📗
10A, USUAL OCCUPATION (Sive kind of work 10B, KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stote or loreign country) Md. 12. CITIZEN OF V Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forcos? (Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO. 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heard laiture, asthenio, etc. II meens the disease, injury or complication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: (8) DUE TO, OR AS A CONSEQUENCE OF:	
Independent	Il Under 24 Hrs.
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 18. 18. 19. 18. 19. 1	
(Yes, no or unknown) (If yes, givo wor or dates of service) SECURITY NO. SECURITY NO	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart laiture, asthenia, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving CAUSE OF DEATH (A) IMMEDIATE CAUSE MYOCAR DIAL INFANCTION (A) IMMEDIATE CAUSE MYOCAR DIAL INFANCTION (B) DUE TO, OR AS A CONSEQUENCE OF:	-/
(Inis does not meen the mode of dying, e.g., heart laiture, asthenio, etc. It meens the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	MATE INTERVAL DISET AND DEATH
DISEASES OR CONDITIONS, if any, giving (8) DUE TO, OR AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	rs.
rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ITO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH?	RED
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID hame, farm, foctory, street, affice bldg., INJURY OCCUR?	ation)
21D. TIME (Month) (Doy) IYeer) IHour) 21E. INJURY OCCURRED While At Not While At Work At Wark	
22. I certify that (1) (this hospital) attended the deceased from 12/16 19/0 and that in (18) (our) colored death occurrent	19 70
and hour and from the causes stoted above. (#(We) (did) (did not) view the body after death.	ed on the date
23A. SIGNATURE 23B. DATE SIGNED	/
Attending Med. Staff 12/18/	70
23C. PHYSICIAN'S NAME (Type) P. BAKER 23D. ADDRESS UNIVERSITY OF Md. Hospita	1
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION ICity, town, or countyl	(State)
25A. DATE REC'D BY HEALTH, DEPT. 25B AME OF REGISTRAR. 25C. FUNERAL DIRECTOR ADDR	ESS
VS 150-REV. 1/1/68	Mont



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Such of death Deceased hospital and I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH John M. (Type or Print) LO MELVIN JOHN CREAMER 4. USUAL RESIDENCE (Whoro deceosed lived. If institution: residence before admissional A. STATE 8. COUNTY death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance (5) cause FULL NAME OF HOSPITAL OR INSTITUTION Md., 21205 UF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION C. CITY OR TOWN cause; 0 0 D. INSIDE CITY LIMITS Baltimore
E. STREET AND NUMBER prior contributing 917 N. Luzerne Avenue occurred etermined made. regular 917 N. Luzerne 8. DATE OF BIRTH 7- MARRIED NEVER MARRIED 9. AGE (In years deceased ost birthdoy DIVORCED WIDOWED white 4/11/1899 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country) disposition done during most of working life, even if retired) (4) Und Chauffer Baltimore City Baltimore, Md. SID 13. FATHER'S NAME the direct 14. MOTHER'S MAIDEN NAME 3 William Creamer Anna Tuckelson eath O kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yas, no or unknown) ill yes, give wor or dates of servicel 1 6. SOCIAL 17. INFORMANT final 3816 Delverne Rd. SECURITY NO. attendance O 219-10-4081 William M. Creamer, any pronounced CAUSE OF DEATH 0 DISEASE OR CONDITION DIRECTLY lmed LEADING TO DEATH (3) A fracture (This does not meon the mode of dying, e.g., ba heart foilure, astherio, etc. 11 meons the disease, regular injuly or complication which coused death.) E who ANTECEDENT CAUSES are DISEASES OR CONDITIONS, il ony, giving rise to the obove couse (A) stoling the 2 physician UNDERLYING CONDITION lost mains a medical Was burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). (2) Body the 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yos or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED OR CONTRIBUTING CAUSE OF where 21 & PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, lorm, foctory, street, office bidg., INJURY OCCUR? (If In Boltimore City, give exoci location) the body was released to the hospital 2 N MEDICAL DEATH (notify medical examined any nature; .0 obtained 21 D. TIME OF INJURY (except v ; and (6) (Month) (Doy) (Year) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? approved Not While While At [(APPROX) 22. I certify that (1) (this hospital) ottended the deceased from... that (1) (we) last saw the deceased alive an 12/9 eath) and that in (my) (our) opinion death occurred on the date shows: (1) An accident of hospital and hour and from the causes stated obave. (1) (We) (did) (did not) view the bady after death. must 23A. SIGNATURE O Attending It Med. 0 pproval at a 23C. PHYSICIAN'S prior 23D. ADDRESS NAME (Type) Louis Vogel 2601 E. Monument Street D.O. A. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY eceased 0 24D. LOCATION (City, town, or county) 12/16/70 Oak Lawn Cemetery Baltimore, Md. Was 258 NAME OF REGISTRAR Schimunek Funeral Home, Inc. VS 150-REV. 1/1/68

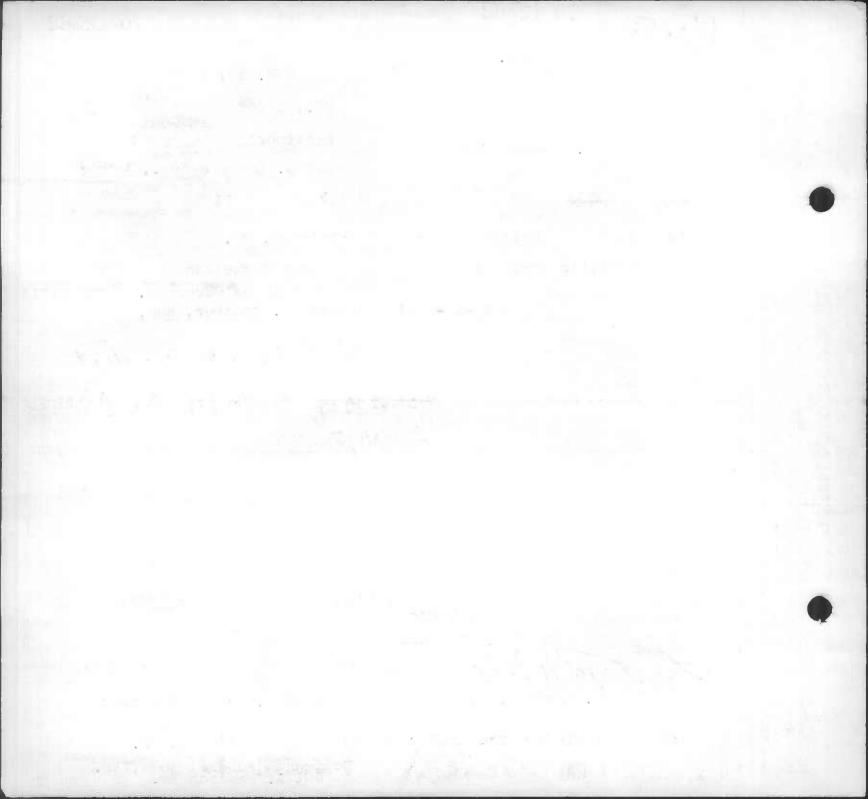
YEST

NO

II Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.

12. CITIZEN OF WHAT COUNTRY?

APPROXIMATE INTERVAL



shows: o

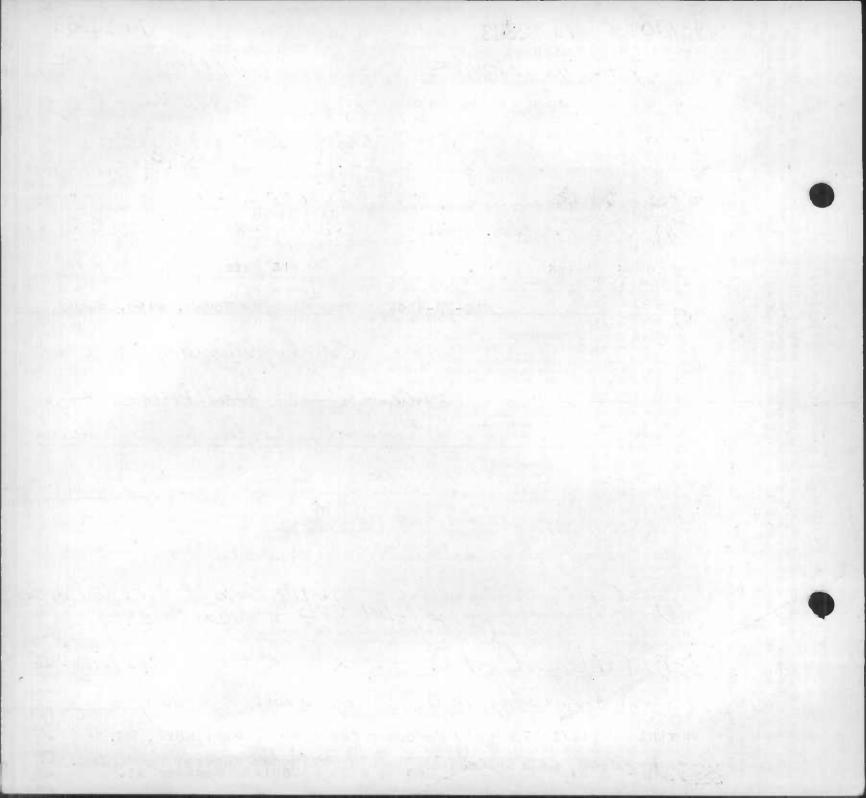
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BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH l ond deoth Such Deceosed I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH Michael (Type or Print) uo hospital eoth. of 4. USUAL RESIDENCE | Where deceased lived, If institution; residence before admission 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNT ance A. STATE (2) BAITIMON COUSE FULL NAME OF HE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Ö HOSPITAL OR ADDRESS OR LOCATION CITY OR TOWN D. INSIDE CITY LIMITS ottend 0 etermined couse; 0 2 prior E. STREET AND NUMBER contributing occurred cen 1155 de regular B. DATE OF BIRTH 9. AGE (In years 5. SEX 6. RACE last birthday 7- MARRIED NEVER MARRIED deceosed is mo 6 WIDOWED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHE ACE IState or foreign isposition Imore deoth done during mast of working life, even if retired) TRULTNA Beth. Steel 0 (4) Und WOS the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME rect ANNIE Petr FRANK NOVAK ossistont deoth uo. TO kind; T 15. Was Deceased Ever in U. S. Armed Forces? |Yes, no or unknown| (If yes, give wor or dotes of service) 17. INFORMANT 6. SOCIAL finol SECURITY NO. ance 4-03-4346 no ony CAUSE OF DEATH ounced 0 ottend DISEASE OR CONDITION DIRECTLY med of LEADING TO DEATH (This does not mean the mode of dying, e.g., prond DUE TO, OR AS A CONSEQUEN fractur 0 exominer ulor heart failure, osthenio, etc. It means the disease, examiner. 9 injury ar complication which coused death.) E ANTECEDENT CAUSES 0 0 0 ¥ rec ore 4 DISEASES OR CONDITIONS, if ony, giving (3) rise to the obove couse (A) stating the hysicion UNDERLYING CONDITION last. the remains the chief medicol burns; physicion was 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). ۵ (2) Body 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION ere the O WAS PERFORMED NO before by OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY le.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? °Z to the hospital DEATH (notify medical exominer) noture; × MEDIC obtained 21 D. TIME OF INJURY 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED (9) puo opproved (except While At Not While p IAPPROX.) Work Al Work ony 22. Lettify that (1) (this haspital) attended the deceased from _to 19 / pe (we) last saw the deceased alive on. eoth) of hospital and hour and from the causes stated above (1) (We) Adid) Adid nat) view the bady after death. he body wos releosed must occident This certificate must b P Attending X Med. Staff 40 Director approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior 0 NAME (Type (1) An Vigeozsky m.D Nous O.A. 24A. BURIAL CREMATION, 24B. 2.C. NAME OF CEMETERY OF CREMATORY eceosed

Il Under 24 Hrs. If Under 1 Yr. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS Emma Finecev Novak, wife above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH min 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (aur) opinion death accurred on the date 23B, DATE SIGNED (City fown, or county) REMOVAL (Specify) written 12/18/70 Holv Redeemer Cemeterv Baltimore, 26C. FUNERAL DIRECTOR 258 NAME OF RIGISTRAR 25A. DATE REC'D BY HEALTH DEPT. ADDRESS Schimunek Funeral Home, Inc. Madison St VS 150-REV. 1/1/6B

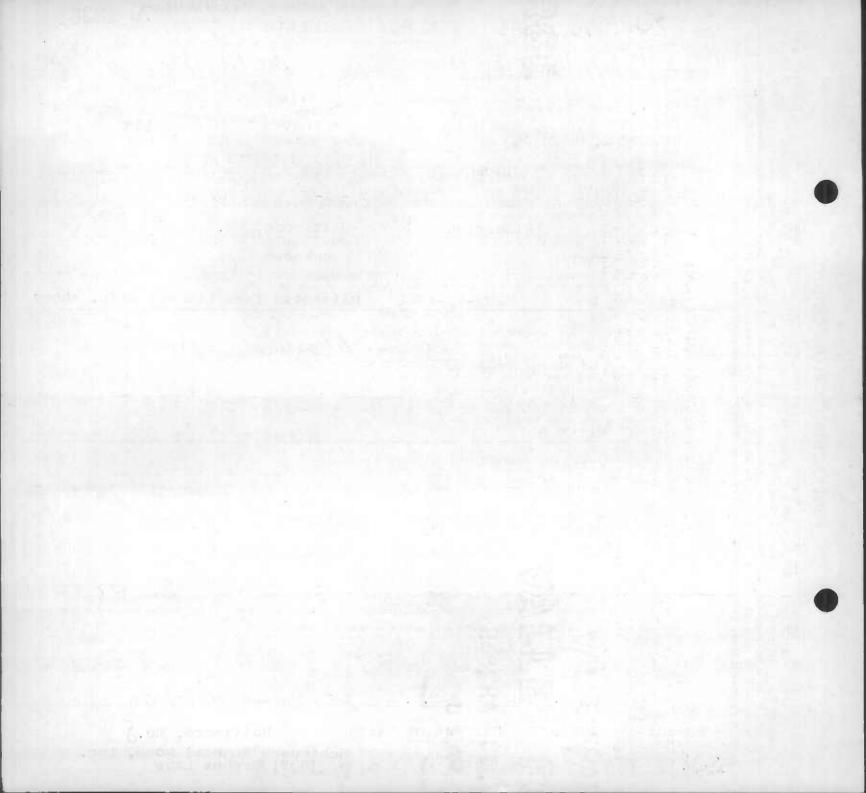
YES X

NO



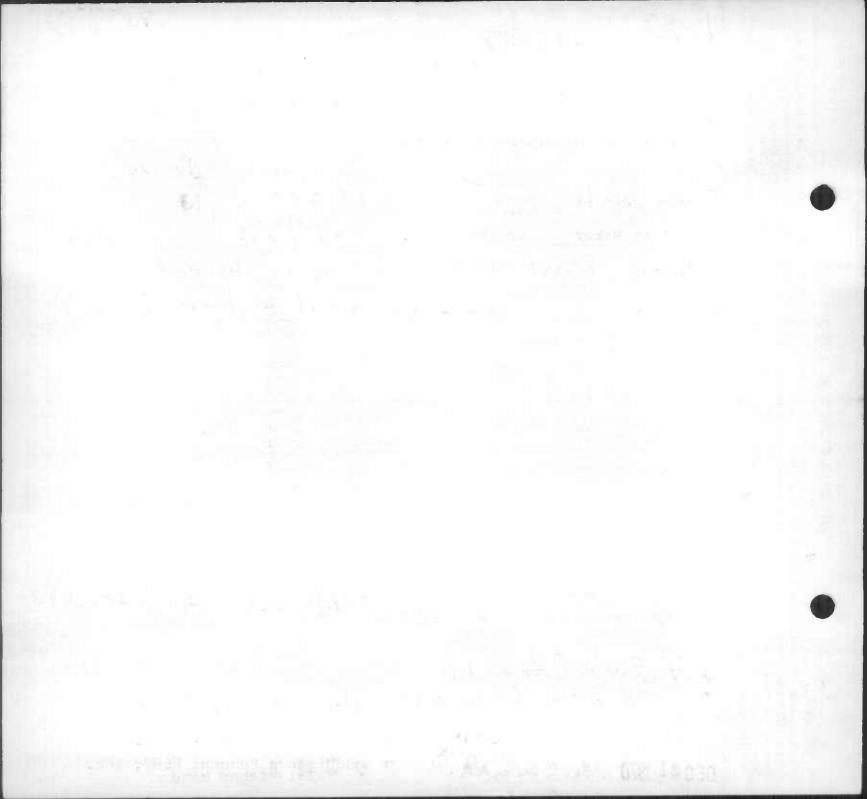
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

-	7			BALTIMORE CITY	HEALTH DEPARTMENT		70 19904
BIRT	1-14C	70 1	2364	CERTIFICA	TE OF DEATH	REG. NO	70 10004
	ME OF DEC	Shuppell,	Leroy	Albert	2. DATE AT	12, 197	0 2=pm m.
3. PI	LACE IN BAL	TIMORE MARYLAND,	WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Whe		nstitution: residence before admission)
HO!	L NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC		TION, GIVE STREET	MARYLAND c. CITY OR TOWN	D. INS	SIDE CITY LIMITS? 758
2	THE .	JOHNS HOPKII		TAL	BALTIMORE		YES NO
1	BALT	IMORE, MD 2	1205		E. STREET AND NUMBER		
					5813 WILLOW	TON AVE	
5. SE	X	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	Manths Doys Hours Min.
10	MALE	WHITE	WIDOWED	DIVORCED	01-26-03	67	
10A.	USUAL OCCL	JPATION (Give kind of wo		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	-	working life, even it retired)	Pinker	rton	Baltimore,	Md.	
	Guard ATHER'S NAM	ME	PINKEI	LOII	14. MOTHER'S MAIDEN NA		
		unknown			unknown		
		Ever in U. S. Armed Fo		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1100,)-12-4321	Elizabeth T	nee Limme	r) wife, above
-	yes	WW I	220	CAUSE OF DEAT		nec banne	APPROXIMATE INTERVAL
NOIL	DISEASES OF THE RESIDENCE OF THE SIGNIF	and mean the made a osthemia, etc. It mean application which cause ANTECEDENT CAUSE OR CONDITIONS, if a obave cause (A) CONDITION lost.	is the disease, ad deoth.) Sony, giving only sloting the ontributing the the terminal	(B) DUE TO, OR AS (B) DUE TO, OR AS			
		OPERATION 198. CO		HICH OPERATION	20A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
0	OR CONTRIBL	TWAS UNDERLYING	21 B. home		n or obout 21C, WHERE DID ffice bldg., INJURY OCCUR?	(It in Boltimo	ore City, give exact location)
ā	21D. TIME	(Month) (Doy) (Year	r) (Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
5	(APPROX.)		Whi	le At Not While At Work			ALITHOUGH TO THE
	22 1	41 - 4 (1) (4) t 1 t 1			Dec 12	10 70 1	Dec 12 : 70
		that (I) (this haspite			000	14 10 to P	
		last sow the deceas	/	2			Inlan death accurred on the date
	and haur ans	from the causes st	ated abave (I)	(We) (did) (did nat) v	riew the bady after death.		
	3A. SIGNATU	RE /	mall			. \/	23B. DATE SIGNED
	2/4	Onker!	Mille	DEGREE Phy	onding Med. Director	Staff Phys.	Dec 12, 1970
	23 C. PHYSICIA				23D. ADDRESS		
	NAME (T	Special =	MILLED	MD	THE TOURS II	001/11/0 1100	0.477.4
24A.	BURIAL CRE	MATION, 248. DATE	24C.NA	M. D. DEGREE		OPKINS HOS	PLIAL
	REMOVAL (Specity)					City, town, or county) (State)
E	Burial	12/15		rdens of Fa		altimore,	
	Burial			rdens of Fa		altimore,	Md.



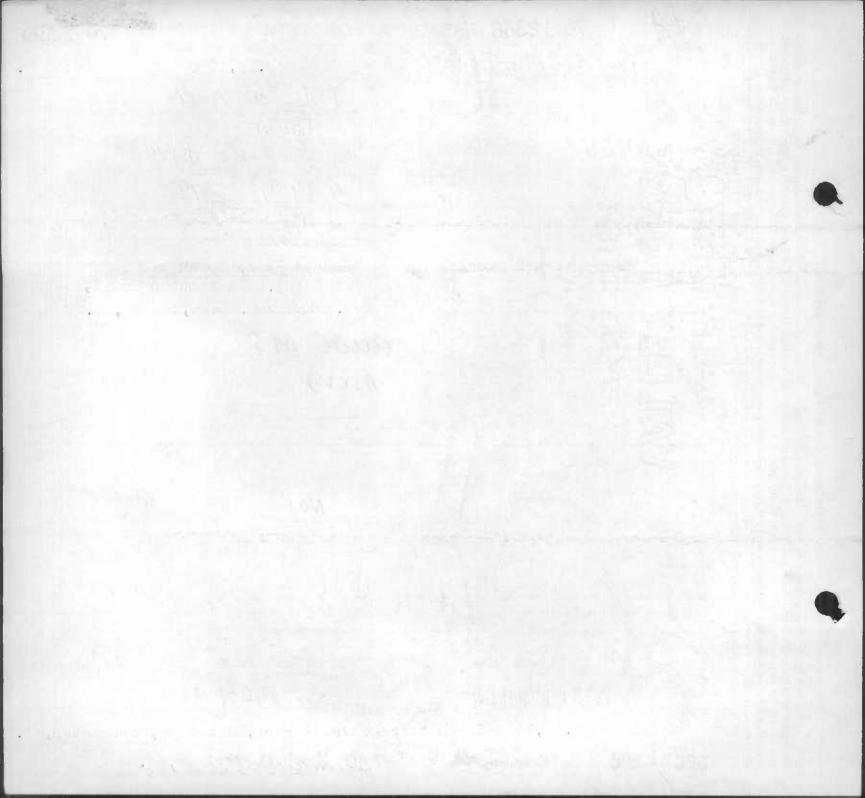
This certificate must be appraved by the chief medical examiner or his assistant if death accurred in a haspital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician wha pranounced death was in regular attendance on the deceased prior ta death); and (6) Na physician was in regular attendance an the deceased prior ta death. Such written appraval must be obtained befare the remains are embalmed ar final dispositian is made.

	1	BALTIMORE CITY	HEALTH DEPARTMENT		76 12365
E	MRTH NO. 74 123	35 CERTIFICA	TE OF DEATH	REG. NO.	, 4 TC000
	NAME OF DECEASED	1 1	2. DATE AN	D HOUR OF DEATH	
	B. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	12/L	1170 6	:25 A M.
	FULL NAME OF (IF NOT IN HOSPITAL OR I HOSPITAL OR ADDRESS OR LOCATION)		BMAXXLAGE	Baltimor	· 841
ľ	Union memor	(a) 1/20-1-1	Baltimore		YES NO
	440.	ial Hospital	E. STREET AND NUMBER	1	Lue
	Female White WIDO	RIED G-NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	ast birthdoy)	Months Days Hours Min.
d	OA. USUAL OCCUPATION (Give kind of work 108, KIN one during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	Baltimor	on country)	12. CITIZEN OF WHAT COUNTRY?
1	Cigar Maker Sc	ollers & Co.	Marylan	5	USA
	Henry SXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		14. MOTHER'S MAIDEN NAM	Hollan	d
0	. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dales of sen	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	in ther	Same
	しかんかかかり	216-05-0912A		u Frey	deceased
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	Myocardia	l failur	BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, heart foilure, asthenia, etc. It means the disc	e.g., DUE TO, OR AS	SE A CONSEQUENCE OF:	- //	
	injury or complication which coused deoth.) ANTECEDENT CAUSES	Somes	afferescler	esus of Co	renosy
	DISEASES OR CONDITIONS, il any, gi	ving (B) DUE TO, OR AS	A CONSEQUENCE OF:	Tabian	
	rise to the above cause (A) stoling UNDERLYING CONDITION last.	(c)	+ 100	le pres.	
MOIL	I TO THE DEATH BUT NOT RELATED TO THE TERM!	NG NAL	Sum Algh	Melit	
I V	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	[20A. AUTOPSY? (Yes or No)]	208 IF YES WEDE	INDINGS CONSIDERED
COTIE	WAS PERFORMED			IN CERTIFYING CAL	JSES OF DEATH?
CAL	21 A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	ot obout 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
MEDI	OF WILLIAM	21& INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	(APPROX)	While At Work Not While At Work	6000	20 101	11.
	22. I certify that (I) (this hospite) attend	1-1	12/11/5:50ens	10 to 2/11	(6:25 a.m) 9 L
	that (1) (wa) last saw the deceased alive			In (my) (aur) opin	alon death occurred an the date
	and hour and from the causes stated above	e. (1) (We) (did nat) vi	ew the body after death.		23B, DATE SIGNED
	It Earl Colon	M.D. DEGREE Phys.	ding Med. S	hoff bys.	12/11/70
	PARL C		3D. ADDRESS	emoria!	Hoso: tal
24	A. BURIAL CREMATION, 248, DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE		CATION (City	y, town, or county! (State)
	Burial 12/15/70	Moreland Memo	rial Park Ba	altimore,	Md.
25	DEC 21 1970 Regause Sale	ME OF REGISTRAL 0 2	OSCHIMUNER 1	Funeral Ho	ome, Inc.
4.9	100-100 70 17 17 00				



shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1	1//- \	BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH	7U 12366	CERTIFICA	TE OF DEATH Registered No.	70 12366
1.NA	CASE NO. ME OF DECEASED		2. DATE AND HOUR OF DEATH	
(Туре	or Print) TYLER, MYS.	FRANCES K	Dec.13.1970	10:00 PM
3. PL	ACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived, If	
H	LL NAME OF (II not in hospital or institution OSPITAL OR oddress or location) STITUTION	, give street	C. CITY OR TOWN (If outside city limits, write	
11	C 04		ouson.	
/	MOH		1. Hemy ten Heruse; Juj	pard
5. SE		D. NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 79	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	JSUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF
done	during most of working life, even if retired)		Md	WHAT COUNTRY?
13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	· Harry French B	uckley	Fannie Evans Speak	
	as Deceased Ever in U. S. Armed Forces? no or unknown) (II yes, give war or dates of service	SECURITY NO.		on House, Towson
	No	220-62-1517	Mrs. Matthew C. Bean To	21204
1	8.4/0/1	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		ASCVD	ONSET AND DEATH
	LEADING TO DEATH	(A) (cure IVI +	
	This daes not meon the mode of dying, e., neort foilure, asthenio, etc. It meons the diseas	j., DUE TO e,		
	njury ar camplication which caused death.)		AJCVD	
	ANTECEDENT CAUSES	(8)		
	DISEASES OR CONDITIONS, if any, givin			
	ise to the above cause (A) stating the JNDERLYING CONDITION lost.	e (C)		
	JADERLANG CONDITION 1681.			
Ĕ	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO			
Uli	DISEASE OR CONDITION CAUSING IT. 9A.DATE OF OPERATION 198, CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No! 20B. IF YES, WERE	FINDINGS CONSIDERED
ERTIFI	WAS PERFORMED	Willest O'ERATION	NO I IN CERTIFYING C	AUSES OF DEATH?
0 2	OR CONTRIBUTING CAUSE OF	1B. PLACE OF INJURY (e.g., in ome, form, foctory, street, of ic.)	n or about 21C. WHERE DID (II in Boltimo	re City, give exoct locohon)
	1D. TIME (Month) (Doy) (Year) (Hour) 2	E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
>		Vhile AI Not Whil	e	
,	1	Vork Al Work		19-12
2	2. I certify that (1) (this hospital) attended	the deceased fram	19 10 to	10 19 10
Ť	hat ()) (we) last saw the deceased alive or	(- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	19()and that in(pry) (aur) ap	inlon death accurred on the date
0	ind hour and fram the couses stated above.	(h) (We) (did) (did not) v	iew the body after death.	
	3A. SIGNATURE			23 B. DATE SIGNED
	Mrmam	M.D. Atte	ending Med. Stoff Phys. N	12/13
2	C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
	VUMVEJNIT	M.D.	11604	
24A.	REMOVAL (Specify)	NAME of CEMETERY OF CRE		ily, lown, or county) (State)
	Burial Dec. 16, 1970	Dorchester	Memorial Park, Cambridg	e. Dorchester . Md.
25A.		-OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
D	EC 21.1970 Page & Sale		Dambridge,	
VS 1	50-REV. 1/1/65		1	

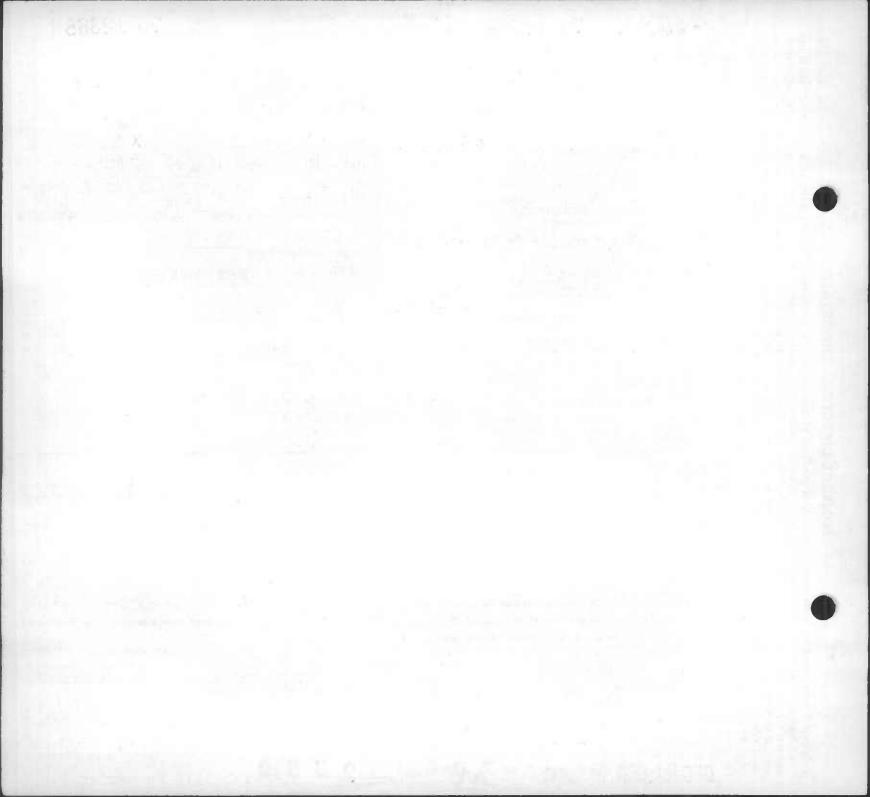


T-461 12 :	000m B.	ALTIMORE CITY	HEALTH DEPARTME	NT	10 12301
BIKITI NO.	2367 C	ERTIFICA	TE OF DEAT	TH Registered No	0
N.E. CASE NO. 1. NAME OF DECEASED			2. DA	ATE AND HOUR OF DEAT	Н
(Type or Print)			2.0		
Anna Gertri		T.	4 HELIAL RESIDENCE	Dec. 15, 19	institution: residence before odmission
3. PLACE OF DEATH IN BALLIMORE, MA	KILAND		A. STATE B.	COUNTY	institution: residence before odmission
FULL NAME OF (If not in hospital	or institution, give stree		Md.		7522
HOSPITAL OR address or location		DT .	C. CITY OR TOWN	III outside city limits with	o RURAL and give lownship)
NOITUTITZNI				a e i	o NORME ONO GIVE IDWISTILD!
2326 Annapolis Re	d.		Balti		
2 1			D. STREET ADDRESS	(If rural, give location)	
0.0			2326 An	napolis Rd.	
5. SEX 6. RACE	7. MARRIED, NEVER	MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
0 7 7 1	WIDOWED, DIVOR		3-10-1897	last birthday	Months Days Hours Min.
female white	Widowed			13	
10A. USUAL OCCUPATION (Give kind of war	108. KIND OF BUSINE	SS OR INDUSTRY	11. BIRTHPLACE (Stoto	or foreign country)	12. CITIZEN OF
done during most of working life, even if retired) HOUSEWIFE	Own Hom	le l	Maryla	nd	WHAT COUNTRY?
	01112 21010				
13. FATHER'S NAME			14. MOTHER'S MAIDE		
Samuel Fraley			Ma	ry S. Simmer	rs
5 Was Danasad Euro in II & Amad En	2	21.4.1	7. INFORMANT		ADDRESS
15. Was Deceased Ever in U. S. Armed For (Yas, no or unknown) (If yes, give war at date	ces? 1 6. SOC	URITY NO.	17. INFORMANT		ADDKE22
NO	212	-24-6216	Raymond	Frushour	
110		CAUSE OF			INITED LA DETENDE
18.		CAUSE OF	DEATH	a	ONSET AND DEATH
DISEASE OR CONDITION DI	RECTLY	00	115	70	1 . 1
LEADING TO DEATH		(A) 71((D- (0) (m)	ary Thromb	voice 1 Necks
(This does not mean the mode of		DUE TO		1	
hoort foilure, ostherio, etc. It meons injury or complication which coused				4	
		+	(° \ \ \)		10 years
ANTECEDENT CAUSES		DUE TO	Y		
DISEASES OR CONDITIONS, if	onv. giving	10	. 1	1:4.	
rise to the obove couse (A)		(C) Ch	ronce Di	oncheles	2 seone
UNDERLYING CONDITION Iosi.		***************************************			
11					7
OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING				
E TO THE DEATH BUT NOT RELA	TED TO THE				OH STATE OF THE STATE OF
DISEASE OR CONDITION CAUSING		O DED A TION	IDOA ALIZODAYA (V.	or No. 208 15 455 1155	DE EINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CON	DITION FOR WHICH O	JFEKA IION	20A. AUTOPSY? (Ye	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
oc oc					
U 21 A. ACCIDENT WAS UNDERLYING	218. PLACE	OF INJURY long., in	or obout 21 C. WHERE	DID (If in Boltin	note City, give exect location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	hame, faim,	tactary, street, off	ice bldg., INJURY OCC	.U Kr	
0	3,00				Salkatila Landa III
Q 21D. TIME (Month) (Day) (Your)	(Hour) 21E, INJURY	OCCURRED	21F. HOW D	ID INJURY OCCUR?	
E HAPPROXI	While At	Not While			
129th Jec. 15,1	970 Work -	At Work			The state of the s
22. I certify that (I) (this haspital) attended the dece	ased fram	eb-	19 68 to De	C 15 1970
	7	1.5	10		
that (I) (we) last saw the decease	d dile on Line			and that in (my) (our) a	pinion death accurred on the da
and have and from the causes sta	red above. (I) (We) (did) (did nat) vi	ew the body after d	leath.	
23A. SIGNATURE					23B. DATE SIGNED
10 0 00 15))	M.D. Atter	ding Med.	Stoff	14/15/70
Tau Dochoefel	icl	Phys	Med. Director	Phys.	10/12/10
23C. PHYSICIAN'S		2	3D. ADDRESS		
NAME (Type) Paul Scho	nfeld	M.D	2301 Annap	olis Rd.	Baltimore, Md.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of	CEMETERY of CRE	MATORY	24D. LOCATION	(City, lawn, or county) (State)
	-70 Blue F	Ridge Cer	neterv	Thurmont	Fred. Co. Md.
	7			A	
25A. DATE REC'D BY HEALEN DEPT.	258. NAME OF REGIS	TRAR	25C FUNERAL DI	ECT PORT	ond E. Creager
DEPLAT WAR ARCOND C	Andrew Man	W	6 ayons	of Glery T	hurmont, Md.
VS 150-REV. 1/1/65			11	1	THE HIGHTON TIME

ę . Did with the court with the ACUD-Commercialismone 1 Was QV39 Dank The 15,1970 18 De 13 190 AN A CHARLET HE STORY OF A STORY OF A STORY

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	D- (15 P) 13230 BALTIMORE CITY	Y HEALTH DEPARTMENT
BI	RTH NO. 12368 CERTIFICA	TE OF DEATH REG. NO. 70 12368
1.	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
110	YPE OF PRINT PROVENZA ANNETTA	12-15 1970 1029 410
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission)
F	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MD (17)
IIIN	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
1	VORTH CHRLES	BALTMUNE YES XI NOT
19	IEN. HOSPITH, CHARLES ST. BALTIMORE	E. STREET AND NUMBER
-	MD - 21218	1118- HULL ST. Balto 21213
200	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10/	A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY	113
do	ne during most of working life, even if refired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
12	Slone Keepen CANSY STORE	ITALY.
113.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	PHILLIP VAZZANA (D)	HONA PRESTIANNA (D)
1S.	Was Deceased Ever in U. S. Armed Forces? 25, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	No. 216-32-7624	HOSO Chapi
	18. CAUSE OF DEATH	H APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	ISE CVA & Coma, lesposalline
1	heart foilure, ashenia, etc. It means the disease,	A CONSEQUENCE OF:
	injury or camplication which caused death.)	T 1.7 20 20 T
	ANTECEDENT CAUSES	, Dembita, Mers & Diabetes
	DISEASES OR CONDITIONS, if ony, giving DUE 10, OR AS rise to the above couse (A) stoling the	A CONSEQUENCE OF: Metallus
	UNDERLYING CONDITION lost, (C)	
1		
TOL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
1	DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
H	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CERTIFIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., In	21C WINESE DID
¥	21A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in OR CONTRIBUTING AUSE OF DEATH (notity medicol exominer)	n or about 21 C. WHERE DID (If in Boltimore City, give exact location)
10	IVU	
MEDI	21D. TIME (Month) (Doy) (Yeorl (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
-	(APPROX.) While At Not While At Work	
	22. 1 certify that (1) (this haspital) attended the deceased from	12-11-1970 to 12-15 - 1970
	that (i) (we) last saw the deceased alive on/2 -15-1	7M 19 70 and that In(my) (our) opinion death accurred on the date
	and hour and from the causes stated above. (1) (We) (did) (did not) vi	
	23A. SIGNATURE	23B, DATE SIGNED
		nding Med. Staff 12-15-70
	22C BLVALCE AND	23D. ADDRESS
	DR. WALTER ROHN MD	Mark Charle Car and Lather
24/	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE.	MATORY 24D. LOCATION (City, fown, or county) (Stote)
11 -	7 1 1 100 10 100 1	(511/) (511/)
	Entombment 12-18-1970 Lorraine A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	Baltimore County, Maryland
	DEC 21 1070 0000 2 0 2 0 2 0 1	2SC. FUNERAL DIRECTOR ADDRESS
145	TO BOUNDARY WASTER EL SALKE TO THE	G.Triman Schwab 3512 Frederick Ave



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-324 70 123	69 CERTIFICA	HEALTH DEPARTMENT	REG. NO	70 12369
1. NAME OF DECEASED	LIN AL	2. DATE AND COLOR	ND HOUR OF DEATH	70 , 12:40P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Whe	ere deceased lived. Il ins	titution: residence beloro admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN: ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARYLAND c. CITY OR JOWN	ANNE ARUNE	
ST. AGNES HOS	PITAL		Ng	YES NO NO
70	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	BOX 5 RT #1	1 FT SMALL	WOOD RD 21122
	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost highlay)	Il Under 1 Yr. Il Under 24 Hrs. Months! Doys Hours Min.
MALE WHITE WIDOW		12/20/00		
TOU, WALCON	ARUNDE L	VIRGINIA	ign country)	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
CHARLES RIDGELL 15. Wos Decoused Ever in U. S. Armed Forces?	10 / 20 20 20 20 20 20 20 20 20 20 20 20 20	MISSOURI (NEI	E HALL)RIDO	
(Yes, no or unknown) (II yes, give wer or doles of service NONE	16. SOCIAL SECURITY NO. 212-03-9538	ST. AGNES H	OSPITAL RE(ADDRESS CORDS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e heart laiture, asthenia, etc. It means the disea injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, give rise to the above cause (A) stating to UNDERLYING CONDITION tost.	(B) DUE TO, OR AS	Biblio B	ron cho preunist	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA ODISEASE OR CONDITION GIVEN IN PART 1 (A).	AL			
19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED	PR WHICH OPERATION	YES	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., in home, form, foctory, street, aff etc.)	or obout 21C, WHERE DID INJURY OCCUR?	(If In Boltimore	City, give exact location)
E OF INJURY	While At Wark At Wark		URY OCCUR?	
22. I certify that (1) (this hospital) attended that (1) (we) last saw the deceased alive a	DECEMPED 14	CEMBER 11	at In(my) (aur) apini	on death accurred an the dote
and haur and from the causes stated above.	. (i) (We) (did) (did nat) vi	ew the bady after deoth.		
La summer	OEGREE Phys.	ding Med.	Shoff Phys.	12 /16 /70
23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS		
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME OF CEMETERY OF CREATER	MATORY 24D. LO	OCATION (City,	town, or county) (Stote)

25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR 258 NAME OF REGISTRAR SCO HUE, 2/225 23 VS 150-REV, 1/1/68

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2112 45 GOOWANA TO 11 T 1 T 5

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DIES SATURD OF ARTER CARRY SERVICE

THE REPORT OF THE PERSON NAMED IN

	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	ins are embalmed or final disposition is made.	
À	This certificate must be approved by the chief medic	the body was released to the hospital by a medica	shows: (1) An accident of any nature; (2) Body burns	was D.O.A. at a hospital (except where the physic	deceased prior to death); and (6) No physician wa	written approval must be obtained before the remains are embalmed or final disposition is made.	

2-650	~ 1	~~~	BALTIMORE CITY	HEALTH DEPARTMENT		70 19270
BIRTH NO.	70 13	2370	CERTIFICA	TE OF DEATH	Registered N	. 70 12370
M.E. CASE NO.			CERTIFIC/			
NAME OF DECEA	SED			2. DATE AN	NO HOUR OF DEAT	TH .
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ANNIE J.	BROWN		Dec.	17, 1970	O M
. PLACE OF DEAT	H IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. II	institution: residence before admission)
						917
FULL NAME OF	(If not in hospital address or locatio	or institution, g	give street	Maryland		110
INSTITUTION	dodless of locollo	117		C. CITY OR TOWN (If ou	tside city limits, will	e RURAL and give township)
				Baltimore		
1927	Cecil Ave.	•		D. STREET ADDRESS	rural, give location)	
0				1927 Cecil	Anna	
SEX 6	RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
		WIDOWED	NEVER MARRIED D, DIVORCED (specify)		lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Female	Negro	Widov		1-15-04	66	
		10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
ione during most of wo	rking life, even if refired)					WHAT COUNTRY!
				Virginia		
3. FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME	
Efarm A	atmon			Town & D		
5 Was Decemed F	ver in U. S. Armed For	10.05?	1 6. SOCIAL	Jannie Dyso	10.	ADDRESS
Yes, no or unknown) (I	f yes, give wor or date	es of service)	SECURITY NO.	THE WATER		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
			224-05-881	3 Mrs. Eva Ge	go 123 E	116 St. NVC
18. / / /	1531		CAUSE O	F DEATH	go Ino Di	INTERVAL BETWEEN
7/00	10		071002	, other		ONSET AND DEATH
	OR CONDITION DI	RECTLY	Ant	onio-Salenosia	bonnt di	C M- 43
	ADING TO DEATH		(A)	erio-Sclerosis	neart dis	sease 5 Months
	mean the made of sthenia, etc. 11 means		DUE TO			
	icalian which caused		0	a: »		
44	TECEDENT CAUSES		(B) Car	diac Asthma		
			DUE TO			
	CONDITIONS, if					
	abave cause (A)	stating the	(C)		**************************************	
7	ll l					
OTHER SIGNIFIED TO THE DEA	CANT CONDITIONS CATH BUT NOT RELA	ATED TO THE	S F			
DISEASE OR C	ONDITION CAUSING					
19A. DATE OF C	PERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
E C	WAS PEK	FORMED			IN CERTIFING	CAUSES OF DEATH?
U 21 A. ACCIDENT	WAS UNDERLYING] [218L	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Bolton	nore City, give exact location)
OR CONTRIBUTI	NG CAUSE OF	hom	e, form, foctory, street, o	ffice bldg., INJURY OCCUR?	511111	77 9 00 0000110000011
DEATH (notify n	nedicol exominer	etc.)				
D 210. TIME (Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
OF INJURY		Whi	le At Not Whil			
(APPROX)		Wor	k At Work			
22. I certify th	not (1) (this hospital) ottended th	ne deceased from		19 +0	19
thot (I) (we) lo	ost saw the decease	ed olive on		19and th	ot in (my) (aur) a	plnion death accurred on the dot
ond hour ond	rom the causes sta	ted obave. (I) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE						238. DATE SIGNED
1	6.64 6.111.	-	O O MD AH	ending Med.	Stoff	
1	NAK / WW	F.	C. Caguinnehy	s. Director	Phys.	12/18/70
23C. PHYSTCIAN	S			23D. ADDRESS		
NAME (Typ	The state of the s	D	M.D.			
F.C.	Caguin, M.	D.		336 East 2	5th Stree	t
REMOVAL (Sp.		24C. NA	ME of CEMETERY OF CR	EMATORY 24D. L	OCATION	(City, town, or county) (State)
	30 /03	ma	0.3			
Burial	15/21/	770 Mt	: Calvary Ce	25C. FUNERAL DIRECTOR	ne Arunde	1 Cty., Md.
25A. DATE REC'D B	T HEALTH DEPT.	258. NAME O	REGISTRAR	25C. FUNERAL DIRECTOR		
ULIGAL	11/11 12/12/12	P. 200 .	Tool !!	Will CoMarch	928 E.	North Ave.
/S 150-REV. 1/1/65			Part Cond			
		The state of the s	The second secon			

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1927 Capil Ave.

1.22 Cool Ave.

Mary Cont.

osale Herre Hidows

Virutinia

Commission or all

Jones Lyson

284-05-1813 Hrs. New Oogo 128 N. 116 St. 130

/0 12371	
BALTIMORE CITY HE	EALTH DEPARTMENT
S-146 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH PEG NO 70 12371
BIRTH NO.	REG. NO.
I. NAME OF DECEASED	2. DATE Known Month Day Year Hour
(Type or Print) JAMES EDWARD SPELLER	OF DEATH Estimoted [
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD December 16,1970 1:05 A.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
1110 Argyle Avenue, 3rd floor rear	A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN ID. INSIDE CITY LIMITS?
Male Negro	Baltimore
9. DATE OF BIRTH 10. AGE (in years # Under 1 Yr. II Under 24 Hrs.	E. STREET AND NUMBER
lost birthday Months Days Hours Min.	
1-6-96 74	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
North Carolina	Unknown
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME
	Unknown
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no or unknown) (II yes, give war or dates of service) SECURITY NO.	18. INFORMANT ADDRESS
Yes WW I 182-07-101	.B Joseph Speller 2122 E. Hoffman St
19. CAUSE OF DEA	TH APPROXIMATE INTERVA
DISEASE OR CONDITION DIRECTLY Arter	iosclerotic cardiovascular disease
LEADING TO DEATH	
(This does not mean the mode of dying, e.g., (A) IMMEDIATE (DUE TO, OR	AS A CONSEQUENCE OF:
heart lailure, osthenia, etc. it means the disease, injury or complication which coused death.)	
AARTOOD FAR GALLOPE	
DISEASES OR CONDITIONS IF ANY GIVING	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z Checkering Condition (asi.	
E STUDE CONTROL CONTROL CONTROL	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
	no
I Y IINDEDIVING TOP CONTRIB	In or obout 22C. WHERE DID (If in Baltimore City, give exact location) bldg., etc.) INJURY OCCUR?
© UTING □ CAUSE OF DEATH.	
OF INJURY	22F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NOT NOT AT W	WHILE O
23.	
I certify that I held an Inquiry Inspection X Au	tapsy and that on this basis, death in my opinion
resulted fram: Natural causes 🗵 Accident 🗌 Suicident	le Homicide Undetermined manner
1) 10.1/11	CHIEF MEDICAL EXAMINER
SIGNATURE AND MICE.	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S	ACCOCIATE MEDICAL EVALUATED
NAME (Type) Ronald N. Kornblum, M.D.	12/16/70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 12-19-70 Mt Auburn	
25A. DATE REC'D BY HEAU'H DEPT. 25B. NAME OF REGISTRAR	
	25C. FUNERAL DIRECTOR ADDRESS
DEC 21 1970 P.C. O C. A. DEDO	Wm 6 March 928 E. North Ave.
VS 151-REV. 1/1/68	

market by the contract of the state of the s Talant ASSOCIATION AND ADDRESS OF THE REAL PROPERTY AND ADDRESS OF THE PARTY A

1	C	BALTIMORE CITY H	EALTH DEPARTMENT 7, 12372		
2005	V	7-152 70 12372 CERTIFICAT	E OF DEATH REG. NO.		
at at		NAME OF DECEASED	2. DATE AND HOUR OF DEATH		
- T 0 E	(Тур	Pe or Print MILDRED ROBINSON	DECEMBER 16, 1970 11155 PM.		
of o	3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)		
a hosp ause e; (5) I ndance	HO	JUL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND BALTIMORE CITY 908 C. CITY OR TOWN D. INSIDE CITY LIMITS?		
ting of caus	3	3 THE HOHNS HOPKINS HOSPITAL	BALTIMORE YES NO D		
- 3 0 B B	5. S	SEX 6. RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs.		
occur intrib ermin egule ased ased		FEMALE NEGRO WIDOWED DIVORCED	12-30-32 lost birthdoyl Months Doys Haurs Min.		
th collete		A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11 ne during most of working life, even if refired)			
iti d		ousewife	South Carolina		
rect (4) U wa the ispos	13.		. MOTHER'S MAIDEN NAME		
4 th	15. Yes	JESSE FOLLEY Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL 17. es, no ar unknown) (If yes, give wor or dotes of service) SECURITY NO.	Aggie Evans ADDRESS		
ssiste the the dec dec			Mrs. Jessie Bynum 1106 Bonapart Xve		
and da da		18. CAUSE OF DEATH	APPROXIMATE INTERVAL		
his fo n d		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cerebro vascalar accident		
Als noun		(A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A C	CALCOLONICE OF		
er ro ar ball		heart failure, asthenio, etc. It means the disease.			
35 93		ANTECEDENT CAUSES (Note	quant HOP, essential		
A fred		(8)	CONSEQUENCE OF:		
3) A		rise to the above couse (A) stating the			
ical als; (3 cian as ii ains		UNDERLYING CONDITION lost. (C)			
lico lico rrns sic vsic wa	z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
mee y bu phy an	ATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A)			
a od od od sich the	ERTIFIC,	194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
by by 2) B 2) B 2) B 6 tl phy	CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in o	r obout 21C. WHERE DID (If in Baltimore City, give exact lacation)		
tal tal her to p	AL	DEATH (notify medical examiner)	e bldg., INJURY OCCUR?		
d × r	EDIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
hos hos att. (6)	8	(APPROX.) While At Work At Wark			
prov the ny n exce and		22. 1 certify that (1) (this haspital) attended the deceased fram 12	14-70 19 10 12-16-70 19		
d = 0		that D(we) last saw the deceased alive an 12-16-70	19 and that in my (our) apinian death accurred an the date		
of a of a of a l (h);		and haur and from the causes stated abave. (1) (We) (did (did not) view			
assed to dent of ospital death) must be		23A. SIGNATURE	w the bady after death.		
SODOPE		Attendi			
		23C. PHYSICIAN'S 23C.	ong Med. Stoff Phys. 12 - 16 - 70		
This certificate m the body was rel shows: (1) An acc was D.O.A. at a l deceased prior to		NAME (Type) STEVEN F RUBIN	JOHNS HOPKINS HOSP, BALTO		
Y W (I) A O A D A D A D A D A D A D A D A D A D	24A	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREM			
This certithe body shows: (1) was D.O. weitten a	E		Balto. Md		
This certhe bocs shows: was D. deceas writter	25A	Burial 12-21-70 Mt Auburn Comet A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR DEC 21 970 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	25C. FUNERAL DIRECTOR ADDRESS		
### 3 p 3		DEC UT 1948 1888 LES SAME SERVED OF THE	Wm C March 928 E. North Ave.		
	VS	150-REV. 1/1/6B			

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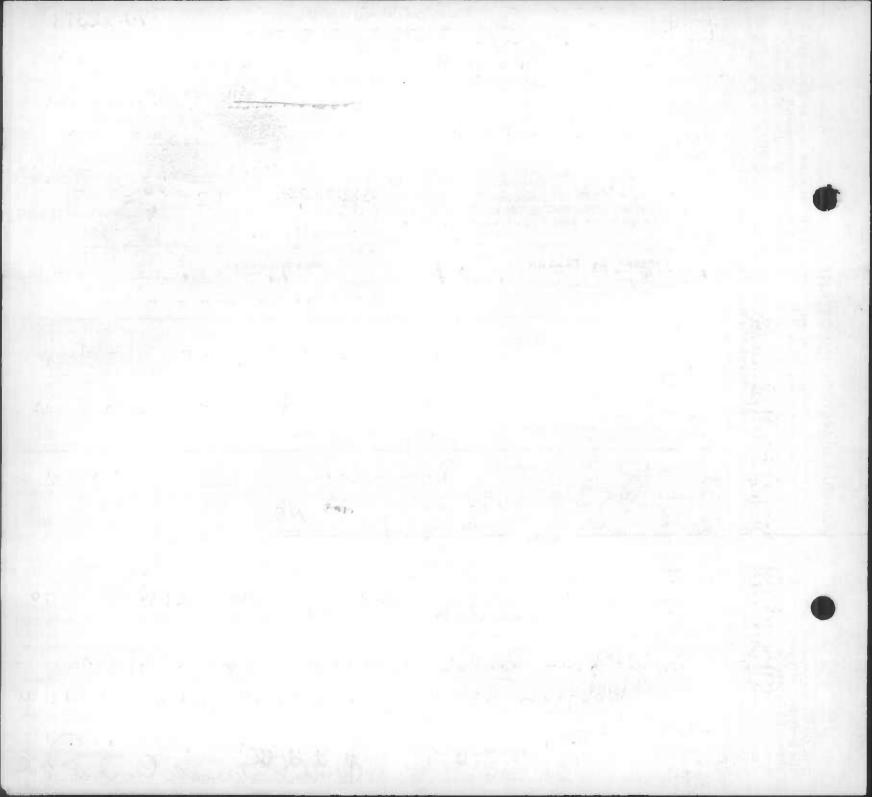
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s to accomp soft arms afairst .com

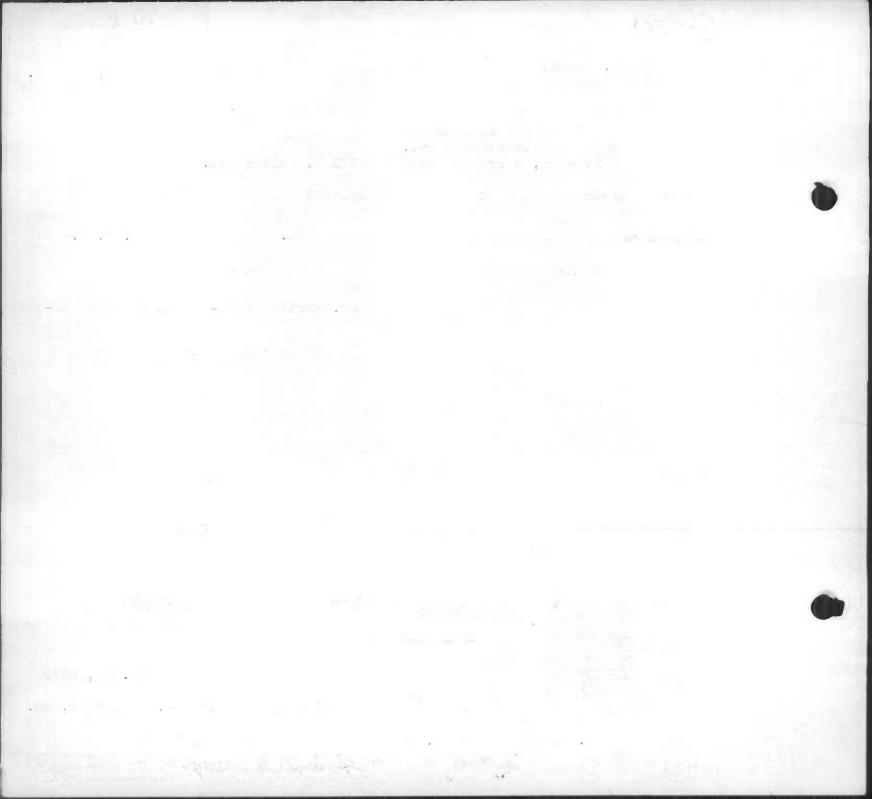
The course of th

MPORTANT	approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the be obtained before the remains are embalmed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Budy burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

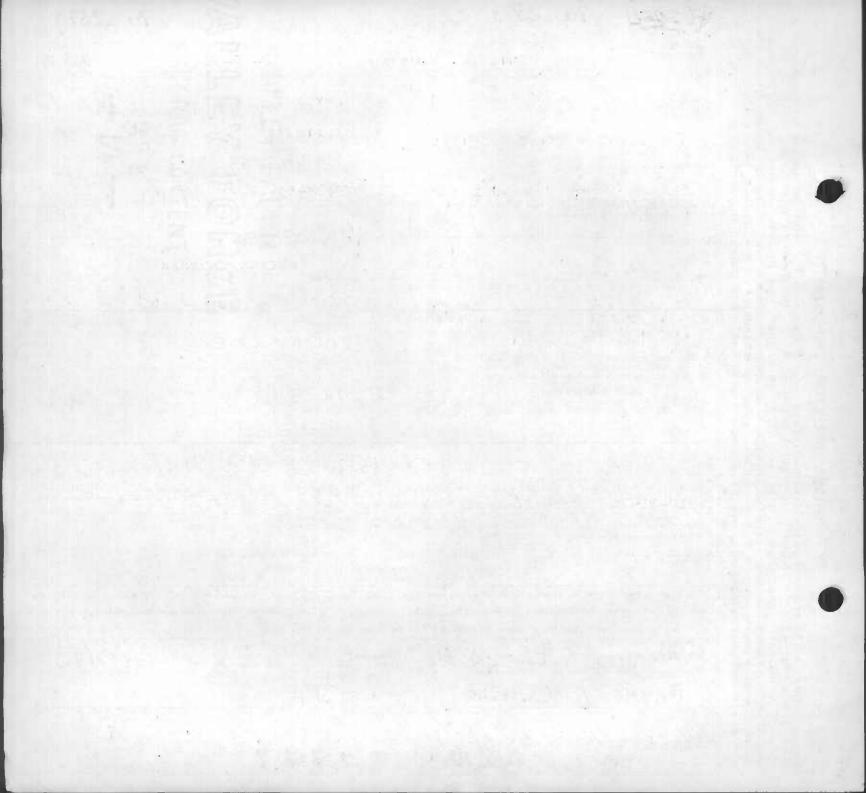
	一十 - (14)	Y HEALTH DEPARTMENT	70 12373				
	BIRTH NO. 70 12373 CERTIFICATE OF DEATH REG. NO. 2. DATE AND HOUR OF DEATH (Type or Print) Tields 12 14 176						
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admissional					
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	m coolett 2/2 to chal & ceca	Hospital				
	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN LO. INSIDE CITY LIMITS?					
7	Aniversity of Maryland		S NO NO				
	Hospital	E. STREET AND NUMBER Gay Street	5/00				
	5. SEX 6. RACE WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years tost birthday)	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.				
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)		2. CITIZEN OF WHAT COUNTRY?				
	lone	Everett, Pa.	USA				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Samuel II. Fields	Mary Mowery					
	15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) Illf yes, give wor or dotes of servicel NO	Spricing field State Hosp	ADDRESS				
	18. CAUSE OF DEATH	H	APPROXIMATE INTERVAL				
	DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH				
	LEADING TO DEATH	se lentral fever	4 days				
H	This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It meons the disease.						
	injury or complication which caused death.						
	ANTECEDENT CAUSES (B) Brainstem infarction (6 days						
	DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stating the						
		tension					
I							
	✓ IDISEASE OR CONDITION GIVEN IN PART 1 (A)	n o nia	4 days				
	19A DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED CLEAN SCS 20A AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
	218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?						
	21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
	(APPROX.I While At Work At Work						
	22. I certify that (I) (this hospital) attended the deceased from 12 8 19 10 ta 12						
	that (1) (we) last saw the deceased alive an 12 14 19 20 and that In(my) (our) apinion death accurred on the date						
	and hour and from the causes stated above. (1) (We) (dld) (dld not) view the bady after death.						
	23A, SIGNATURE 23B, DATE SIGNED						
	Med. Staff Director Phys.						
	NAME (Type) Wolfram REICHL	30. ADDRESS University of Maryland Ho	sportal 17d 21 201				
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM	MATORY 24D. LOCATION (City. 10.	wn, or county! (Stote)				
	Burial Dec. 17, 1970 Hillcrest Bur	rial Fark Cumberland Alle	any, Ma				
	DEC 21 1970 Robert & Boss A.D.	250 FUNERAL DIRECTOR	ADDRESS DA				
15	'S 150-REV. 1/1/68	They we despute	unkeland				



00	A		BALTIMORE CIT	Y HEALTH DEPARTMEN	IT	70 12374
BIRTH NO.	0 70 123	74	CERTIFICA	TE OF DEAT	H REG. NO.	
I. NAME OF DE				2. DAT	E AND HOUR OF DEAT	TH
	Smith, Fannie			12	2/16/70	1 5:00 A.
3. PLACE IN BA	R. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			4. USUAL RESIDENCE	(Where deceased lived, II	l institution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			Maryland // /		
NOTITITION	Provident Hospital Complex			C. CITY OR TOWN D. INSIDE CITY LIMITS?		
2600 Liberty Heights Ave.			Baltimore		YES K NO	
Baltimore, Maryland 21215		E. STREET AND NUMBER 1131 N. Fulton Ave.				
5. SEX	6. RACE			8. DATE OF BIRTH		
Female	Black	WIDOWED		2/14/85		Months Doys Hours Min.
done during most of	UPATION (Give kind of werl werking life, even if retired)	108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote at	f fereign country)	12. CITIZEN OF WHAT COUNTRY
Unemploy				Va.		U. S. A.
3. FATHER'S NA		1		14. MOTHER'S MAIDEN	NAME	0. J. A.
	Stratto		e	The state of the s	Mary ?	
5. Wes Decessed Tes, no er unknown	Ever in U. S. Armed For (If yes, give war or dote	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no			SECORIII NO.	Mrs. Myrtle	e Davis-Daug	hter Same 728-349
18.	4 VI		CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION tast. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
◀ DISEASE OR C	ONDITION GIVEN IN PART	T 1 (A).	-	CM, C	remie	
19A. DATE OF	OPERATION 198. CON	ORMED	WHICH OPERATION	NO	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) DEATH (notify medical examines) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) INJURY OCCUR?						
21D. TIME OF INJURY (APPROX.)	(APPROX) While AI Not While					
22. I certify						
	12/10//0					
	and that in (my) (aur) apinion death accurred an the date					
23A. SIGNATU	and haur and from the causes stated above. (1) (410) (did not) view the body after death.					
	V 164	2) m	ΔHer	ding Med.	Shelf C	23 B. DATE SIGNED
23C. PHYSICIA	W. C	- (, 4	DEGREE Phys.	Director L	Shoff Phys. 2	Dec. 16, 1970
NAME (T	DR. VENIEDO ACIDIO MO 23D. ADDRESS 2600 Liberty Heights Ave. Baltimore, Md.					ve. Baltimore. Md.
AA. BURIAL CRE	MATION, 248, DATE	24C. NA	ME of CEMETERY of CRE			City, tawn, or county) (Stole)
Buria		1970	New Mt.Zoin		Painter, Vi	
		25A NAME O	A DESTRAR	25C. FUNERAL DIRECT	^	Varior Dours F.H
\$ 150-REV. 1/1/6	A CONTRACTOR	*	v	dear 1.2	Vento?	accomac Va.



1	(150) 70 12375 BALTIMORE C	TITY HEALTH DEPARTMENT
	CERTIFIC	CATE OF DEATH REG. No. 70 12375
	H NO.	2. DATE AND HOUR OF DEATH
	LEWIS H. VAUGH	
2 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before odm
J. 1	TACE IN BALLIMONS MARIENNO, WHERE INDIVIDUALED DEAD	A. STATE B. COUNTY
FUI	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND / / /
INS	STITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
2	THE JOHNS HOPKINS HOSPITAL	BALTIMORE YESK NO
-	THE JOHNS HOPKINS HOSPITAL	E. STREET AND NUMBER
		1110 HOMEWOOD AVE.
S. S	MARKIED INEVERTIGATED	TIOSI DITTILIDAY) (MANIELES DOVE : HOURS :
	MALE NEGRO WIDOWED DIVORCED	
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT CO
done	e during most of working life, even if retired)	1111011111
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	1. 6	
	Month	ROSEANNI VAUGHAN
15. Yes	Was Deceased Ever in U. S. Armed Forces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	217-09-5101	6 Mary Korine Man, &
	DISEASE OR CONDITION DIRECTLY	CAUSE SUPTICE OF
	LEADING TO DEATH	CALLEE SLOWER SLOWER
		AS A CONSEQUENCE OF:
	heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	
	ANTECEDENT CAUSES	10 toxy 6001 -
	DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR	AS A CONSEQUENCE OF:
	rise to the obove couse (A) stoling the	
	UNDERLYING CONDITION lost, (C)	
7	11	n i lat a militar
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	fritule - Post Surey
CAI	DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED
CERTIFIC	210-22-70 Carcinoma of Stomach	20A, AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS ONSIDERED IN CERTIFYING CAUSES OF DEATH?
E	21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INTERVAL	.g., in or about 21 C. WHERE DtD Iff in Baltimore City give exact location
AL C	OR CONTRIBUTING CAUSE OF home, form, foctory, street	t, office bldg., INJURY OCCUR?
U	DEATH (notify medical examiner) etc.)	
EDI	21 D. TIME (Month) (Doy) IYeor) (Hour) 21 E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
2	(APPROX.) While At Work At W	While Ork
	22. I certify that (I) (this haspital) attended the deceased from	12-1- 1970 to 12-17 19
	12 = 17	
	that (i) (we) lost sow the deceosed alive on	
	ond haur and from the couses stated above. (1) (We) (did) (did no	
	23A. SIGNATURE	23R. DATE SIGNED
		Attending Med. Staff Phys. 12/17/70
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
	WHY K, CADBUTER	JAH.
244	OEG OEG	CREMATORY 24D. LOCATION (City, lown, or county)
	REMOVAL (Specify)	CA mak mil
K	June 12-20-10 014 With	mant men me
254	A. DATE RECTO BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. UNERAL DIRECTOR ADDRESS
	05021 1970 BBG E. Valley M	Conties /m/ nemelyt
VS	150-RE V. 1/1/6B	

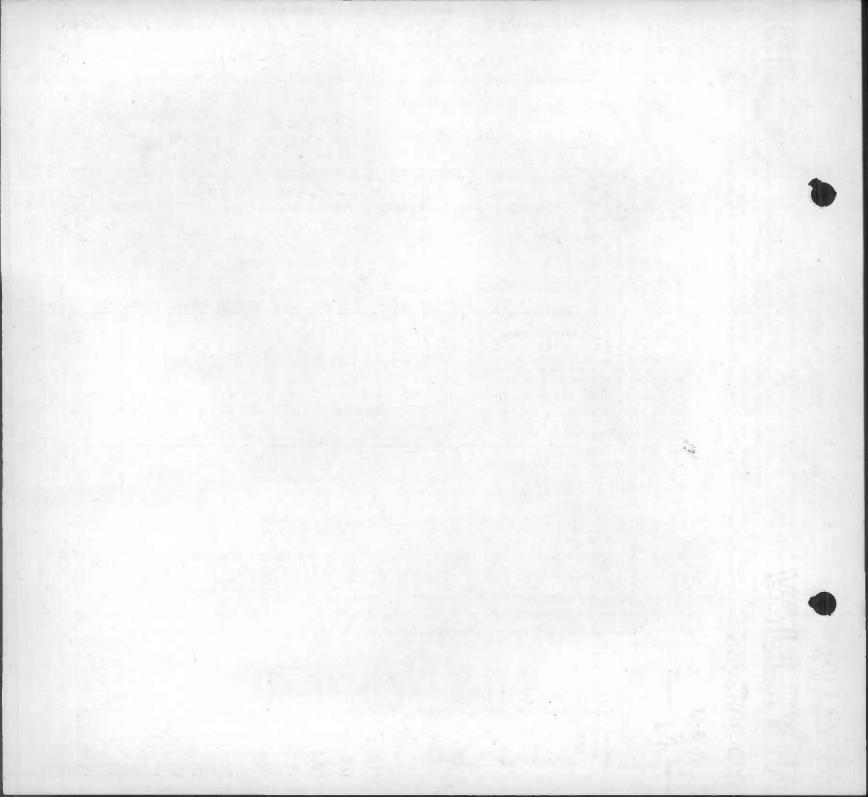


1	1 M-34 70 12376 BALTIMORE CITY HEALTH DEPARTMENT 70	12376
2002	CERTIFICATE OF DEATH	
	I. NAME OF DECEASED	
f deat ecease on th h. Suc	10/14RY LEE / CEURE 12-16-10	М.
0000	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: re	sidence before admission)
(5) anc dea	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARY LAND	5200
	D. INSTITUTION	NO 🗍
ng cause; attend or to	E. STREET AND NUMBER	
. p _ d		<u> </u>
trib min gul sed ma		1 Yr. If Under 24 Hrs. Doys Hours Min.
con in re eceds	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12, CITIZ done during most of working life, even if retired)	EN OF WHAT COUNTRY
(4) Undet was in the dec	South CARULINA	18/
was was	13. FATHER'S NAME PARKS 14. MOTHER'S MAIDEN NAME ROSA (FE HELLE)	
E E E		
he dec	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	ADDRESS
if t iny l ed dan or fi	CAUSE OF DEATH A	APPROXIMATE INTERVAL
den de	DISEASE OR CONDITION DIRECTLY	
Als nou att	(This does not mean the mode of dying, e.g., (A) IMMEDIATE GAUSE OF THE CONSEQUENCE OF	
er. ctu pro lar	injury or complication which coused death.)	,
fra fra em	mo Antecepent Choses	
xan wh re-	DISEASES OR CONDITIONS, if any, giving	0
an (3	UNDERLYING CONDITION lost.	X
0 2 2 0	E Z OTHER CLONING AND CONTRIBUTING	
1 2 2	- I V I O III EK 210 MI I CAM I COMPINO III CAM	
ody he p sicie	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I	
× = × = = ×	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimore City, give	exact location
000		exact to contain.
0 - 5 70	TO O 2D TIME (Month) (Day) (Year) (Hourt 21E INITIAN OCCUPRED 21E HOW DID INITIAN OCCUP?	
hosp natu ept d (6)	.= · (Δ PPROX.)	
x x x btt	22. 1 certify that (1) (this haspital) attended the deceased from 19 19 19	1970
f ar f ar (e); c); c	that (1) (wa) last saw the decorporal alive of (1)	h accurred an the date
sed to	and haur and fram the couses stated above. (M (We) (did) (did nat) view the bady after death.	1
leased ident hospi o dea	Attending Med. Staff	19/70
ac ac or t	23C. PHYSIGIAN'S 23D. ADDRESS	11/
was r A. at a prior pprov	5/30ROFSIU DEGREE 4734 PARK AGTS PULL	13 190
\$€0°₽°	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lown, o	county) (Stote)
ws: D.C ease	Durial 1201-10 out ahay out all County	ADDRESS
the body shows: (1) was D.O.A deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR. 25OFFUNERAL DIRECTOR	the les
- 4, 5	VS 150-REV. 1/1/6B	ay we

Soft Bate Start Har

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written annotation is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BI	12 = 21 1 2 2 2 2 mg	BALTIMORE CITY	HEALTH DEPARTMENT	2 10000	
RI	D-534 70 12377 CERTIFIC		ATE OF DEATH REG. NO. 70 12377		
	RTH NO.	CERTITION			
	1. NAME OF DECEASED (Type or Print) I BA BENTLEY		2. DATE AND HOUR OF DEATH 12-17-70 3.20 A		
3.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		4. USUAL RESIDENCE (Where A. STATE B. COUNT	e deceased lived. If institution: residence before admission)	
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) THE JOHNS HOPKINS HOSPITAL		MARYLAND	BALTIMORE CITY 30 /	
11			C. BIX CT 9MORE	D. INSIDE CITY LIMITS? YESX NO	
			E. STREET AND NUMBER		
			246 S. DALLAS COURT		
	MARKIED XIVEVER MARKIED			O, AGE (In years ast birthday) Months Doys Hours Min.	
	EMALE NEGRO WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY		11, BIRTHPLACE (State or foreign	n country) 12, CITIZEN OF WHAT COUNTRY?	
do	done during most of working life, even if retired)		0.0 1 0 a 110 a		
13	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE ME	
	HORACE SUBER		STELLA REED		
1.5 (Y	o. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give war or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
	YW	218-28-13-8	Clorinelle	llo 3026 Harford Road	
	18.	CAUSE OF DEATH	1	BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	PULM	EMBOLT ,	IS CORONARY 5 firs	
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,			6 THRONE		
	injury or complication which caused death.)				
	ANTECEDENT CAUSES (B) CHF from Rheu HP				
DISEASES OR CONDITIONS, it any, giving DUE TO, OR AS A CONSEQUENCE OF:					
	UNDERLYING CONDITION last.	(c)			
1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
<	TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************			
PTICIO	19A. DATE OF OPERATION 198. CONDITION FO	R WHICH OPERATION	YES	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
110	OR CONTRIBUTING CAUSE OF DEATH (notily medicol exomine)	21B. PLACE OF INJURY (e.g., in home, form, loctory, street, of etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(II in Boltimore City, give exact location)	
11 2	21 D. TIME (Month) (Doy) (Year) (Hour)	TE. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
	OF INJURY (APPROX.) White At Not While At Work At Work				
9 4 9					
240	22. I certify that (1) (this haspital) attende	d the deceased fram		9 19	
144					
2 4 4	22. I certify that (I) (this haspital) attende	n	19and the	y10	
244	22. 1 certify that (1) (this haspital) attende that (1) (we) last sow the deceased alive o	n . (1) (We) (did) (did nat) v	19 and the	at in(my) (our) opinion death accurred an the dote	
244	22. I certify that (I) (this haspital) attended that (I) (we) last sow the deceased alive of and hour and from the causes stated obave	n. (1) (We) (did) (did nat) v	iew the bady ofter death.	at in(my) (our) oplnion death accurred an the dote	
244	22. I certify that (1) (this haspital) attended that (1) (we) last sow the deceased alive of and hour and from the causes stated obave 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	n. (1) (We) (did) (did nat) v	iew the bady ofter death. nding Med. Director 23D. ADDRESS	23 B. DATE SIGNED Staff.	
	22. I certify that (I) (this haspital) attended that (I) (we) last sow the deceased alive of ond hour and from the causes stated obave 23A. SIGNATURE (ALTACA) 23C. PHYSICIAN'S NAME (Type) ANTHONY S. JENN	(1) (We) (did) (did nat) v Morgan Morganee Physics INGS DEGREE	nding Med. Director THE JOHNS H	238. DATE SIGNED Shaff OPKINS HOSPITAL	
	22. I certify that (I) (this haspital) attended that (I) (we) last sow the deceased alive of ond hour and from the causes stated obave 23A. SIGNATURE (ALTACA) 23C. PHYSICIAN'S NAME (Type) ANTHONY S. JENN	(1) (We) (did) (did nat) v	nding Med. Director THE JOHNS H	23 B. DATE SIGNED Staff.	
2.	22. I certify that (I) (this haspital) attended that (I) (we) last sow the deceased alive of ond hour and from the causes stated obave 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) ANTHONY S. JENN 4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) PLANCE S. JENN	INGS NAME OF CEMETERY OF CRE	and the liew the bady ofter death. Med. Director 23D. ADDRESS THE JOHNS H MATORY 24D. LC	238. DATE SIGNED Shaff OPKINS HOSPITAL	
2:	22. I certify that (I) (this haspital) attended that (I) (we) last sow the deceased alive of ond hour and from the causes stated obave 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) ANTHONY S. JENN 4A. BURIAL CREMATION, 24B. DATE 24C. BURIAL CREMATION, 24B. DATE 24C.	INGS NAME OF CEMETERY OF CRE	nding Med. Director THE JOHNS H	OPKINS HOSPITAL CATION (City, town, or county) (Cation (City, town, or county)	



24C NAME of CEMETERY or CREMATORY

258. NAME OF REGISTRAR

REMOVAL (Specify)

VS 151-REV. 1/1/6B

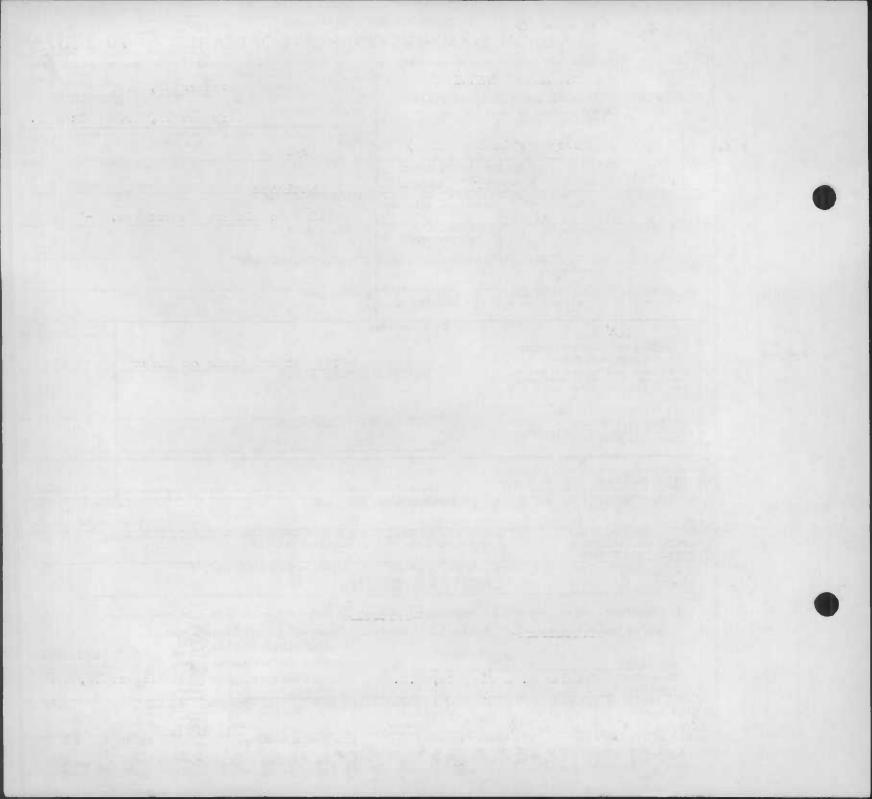
24D. LOCATION

25C. EUNERAL DIRECTOR

(City, town, ar county)

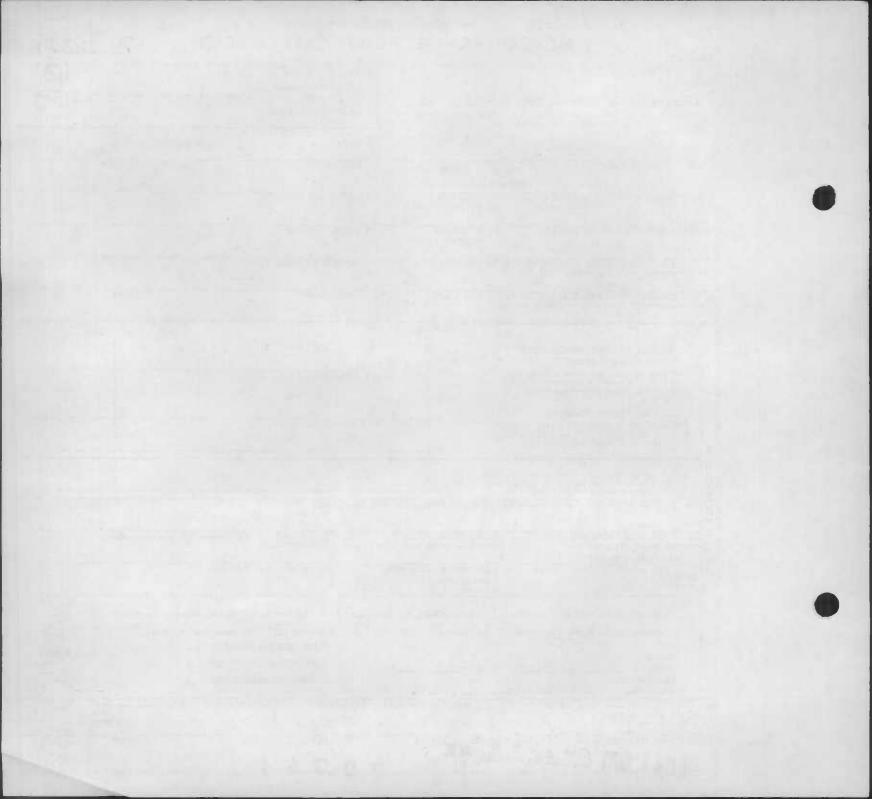
ADDRESS

(State)



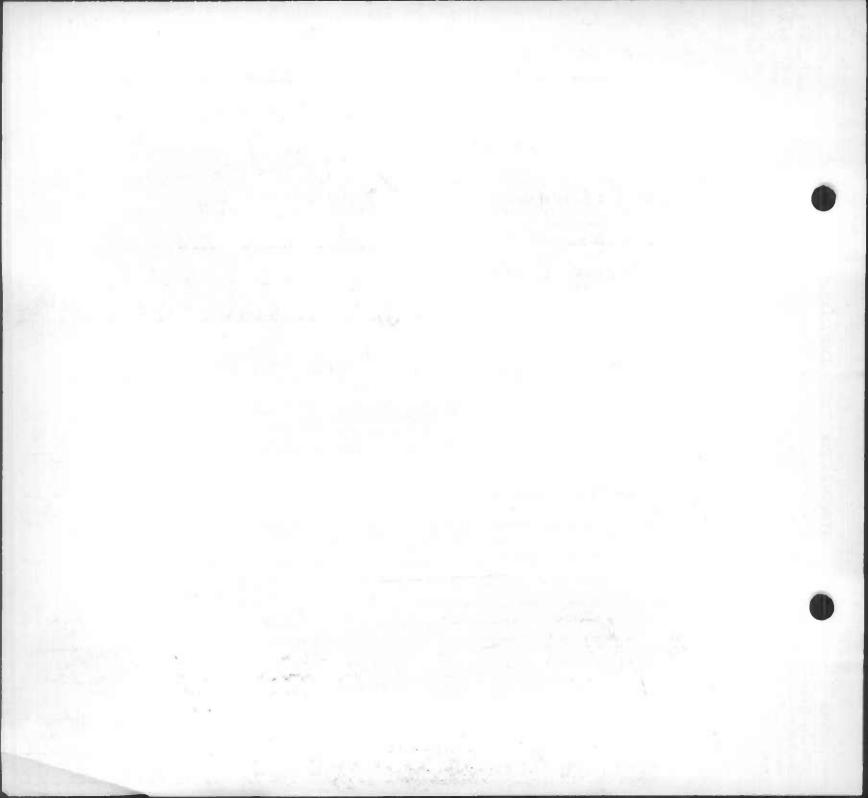
236	70 12379	BALTIMORE CITY HEALTH DEPARTMENT	
	MEDICAL	EXAMINER'S CERTIFICATE	(
THE RECO			

1 1 1191/2	ALTH DEPARTMENT	
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. 1	70 12370
BIRTH NO.	KEG. 1	NO
1. NAME OF DECEASED (Type or Print) ET TZA DETELL CLIE CIDED	2. DATE Known Day	Yeor Hour
ELIZADEIN CHESIEK	DEATH Estimated L	Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD 10	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	12 17 5. USUAL RESIDENCE (Where deceased lived. If Institute of the control of t	1970 '8:20 a M.
560 Orchard St.	I A. STATE B. COUN	
	Maryland C. CITY OR TOWN D. INSID	DE CITY LIMITS?
MAKKIED I NEVER MAKKIED I	Baltimore	
negro WIDOWED DIVORCED 9. DATE OF BIRTH 10.AGE (In years W Under 1 Yr. 11 Under 24 Hrs.	E. STREET AND NUMBER	YES NO
Oma 2n-12 lost bighdoy) Months, Doys, Hours, Min.	560 Orchard St.	
M BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Day of WHAT COUNTRY?	anne o Bark	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME	/
done during most of working life, even if reilred)	Photos total	
16. WAS DECEASED EVER IN U.S. AKMED FORCES? 17. SOCIAL	IB. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give water dotes of service) SECURITY NO.	+ Cremoure Showing a	man le le
19. CAUSE OF DEA	ATH ()	APPROXIMATE INTERVAL
Hyperten	sive cardiovascular disease	BETWEEN ONSET AND DEATH
LEADING TO DEATH		
	AS A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
II I UNDERLYING CONDITION LAST		
O		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER DEATH BUT NOT BEFATED TO THE TERMINAL		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		yes
22A. EXTERNAL CAUSE WAS LONG OF INJURY (e.g. home, form, foctory, street, offi	AS PERFORMED In or obout 22C, WHERE DID (If in Baltimore City, give bidg, etc.) INJURY OCCUR?	yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. home, form, foctory, street, offi	In or obout 22C. WHERE DID (If in Baltimore City, give bidg., etc.)	yes
22A. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB. CHING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY)	In or obout 22C. WHERE DID (If in Baltimore City, give bidg, etc.) INJURY OCCUR?	yes
22A. EXTERNAL CAUSE WAS UNDERLYING CAUSE OF INJURY (e.g. thome, farm, foctory, street, offi UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)	In or obout 22C. WHERE DID (If in Baltimore City, give bidg., etc.)	yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- home, farm, foctory, street, offi UTUNG CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 23.	in or obout 22C. WHERE DID (If in Baltimore City, give bidg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCUR?	yes re exact location)
22A	in or obout 22C, WHERE DID (If in Baltimore City, give bidg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCUR? I WHILE DID INJURY OCCUR? I work Did in this basis, death in	yes e exact location) my opinion
22A	in or obout 22C. WHERE DID (If in Baltimore City, give bldg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCUR? WHILE	yes e exact location) my opinion
22A	in or obout 22C. WHERE DID (If in Baltimore City, give bidg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCUR? WORK and that on this basis, death in the basis, deat	yes e exact location) my opinion
22A	In or obout 22C. WHERE DID (If in Baltimore City, give bidg, etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCUR? I WHILE I WORK I TOPSY: and that on this basis, death in the basis, death	yes re exact location) my opinion ner
22A	in or obout 22C. WHERE DID (If in Baltimore City, give bidg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCUR? WORK and that on this basis, death in the basis, deat	yes re exact location) my opinion ner
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION OF INJURY (APPROX.) 1 certify that I held an inquiry inspection At resulted from: Natural-causes Accident Suici ACTUAL SIGNATURE EXAMINER'S NAME (Type) Isidore Mihalakis, M.D.	In or obout 22C. WHERE DID (If in Baltimore City, give bidg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCUR? I WHILE WORK I TOPSY and that on this basis, death in the basis, death i	yes e exact location) my opinion ner DATE SIGNED
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED WHILE AT NO WORK AT AT YOUR CAPPROX.) 1 certify that I held an Inquiry Inspection At resulted from: Natural causes Accident Suici Signature EXAMINER'S NAME (Type) Isidore Mihalakis, M.D.	In or obout 22C. WHERE DID (If in Baltimore City, give bidg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCUR? TWHILE Propsy: and that on this basis, death in the b	yes e exact location) my opinion ner DATE SIGNED 12-17-70
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. Home, form, foctory, street, offi UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED WHILE AT NO FINJURY (APPROX.) 1 certify that I held an Inquiry Inspection At resulted from: Natural causes Accident Suici ACTUAL SIGNATURE EXAMINER'S NAME (Type) Isidore Mihalakis, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY ACCIDENT OF THE SIGNATURE EXAMINER'S NAME (Type) ISIDORE MIHALAKIS, M.D.	In or obout 22C. WHERE DID (If in Baltimore City, give bidg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCUR? TWHILE Propsy: and that on this basis, death in the b	yes e exact location) my opinion ner DATE SIGNED 12-17-70
22A	In or obout 22C. WHERE DID (If in Baltimore City, give bidg., etc.) INJURY OCCUR? I WHILE 22F. HOW DID INJURY OCCUR? I WHILE 32F. HOW DID INJURY OCCUR?	yes e exact location) my opinion ner DATE SIGNED 12-17-70 town, or county) (State)



VS 150-REV. 1/1/68

70 12380	CERTIFICATE OF DEATH REG. NO. 70 12380
BIRTH NO.	CERTIFICATE OF DEATH REG. NO. 70 12380
1. NAME OF DECEASED (Type of Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	2. DATE AND HOUR OF DEATH A LOC 17 - 1978 MONOUNCED DEAD 4. USUAL RESIDENCE (Where deceded lived II institution; residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR INSTITUTION	NSTITUTION, GIVE STREET A. STATE B. COUNTY D. INSIDE CITY LIMITS?
00 517 Gold	E. STREET AND NUMBER 5/7 Lold St
ternale Colored WIDON	WED DIVORCED Mars 29 - lost birthdoy) Months Doys Hours Min.
Musikian	D OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) (12. CITIZEN OF WHAT COUNTRY)
William Vai	lentire annie E. Valentere
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) life yes, give wor or dotes of servi	icel SECURITY NO. 17. INFORMANT SECURITY NO. 2/3-16-46 TRANSPORT OF OHLER 517 Hold At Par
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DIMINAL APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
(This does not mean the made of dying, heart failure, asthenia, etc. It meons the dise injury or camplication which coused death.)	e.g., DUE 19, OR AS A CONSEQUENCE OF: OTHER STATE OF THE CAUSE OTHER
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, girtise to the above cause (A) stating UNDERLYING CONDITION last.	ving DUE TO OR AS A CONSEQUENCE OF:
	NG NAL
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION 20A AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
Z10-TIME (Month) (Doyl (Year) (Hour) OF INJURY (APPROX.)	21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While At Work At Work
22. I certify that (1) (this hospital) attended that (1) (we) last say the decreased alive	ed the deceosed from 1945 19 to 8 11 19
	e. (1) (We) (did) (did not) view the bady ofter deoth.
INV Jan	Attending Attending Med. Short JONES, M. 238, DATE SIGNED / Ned. Disselve Carries JURGEON 12/21/70
PASC. PHYSICIAN'S NAME (Type)	23D. ADDRESS 1300 N. FREMONT AVE. BALTIMORE, MD. 21217
24A. BURIAL CREMATION, 24B. DATE 240 Burial Specify We 22ho	C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (Gily, town, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	ME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS



BALTIMORE	CITY	HEALTH	DEPARTMEN

	7.	-18	1)	30
REG. NO.	10	-2	2	30

70 12381.	CERTIFICA	TE OF DEATH	REG. NO.	1 15001			
1. NAME OF DECEASED (Type or Print) ANN A	FAIR FAI		19-70	3:15 p. M.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Whe		ulian: residence befare admission)			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	C. CITY OR TOWN		CITY LIMITS?			
1		E. STREET AND NUMBER	Y	ES NO L			
1930 HANDEM Are.		930 HAY	Lem Aue.				
	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years I last birthday)	It Under 1 Yr. It Under 24 Hrs. Aonths; Doys Hours; Min.			
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BL	DIVORCED JSINESS OR INDUSTRY	11. ERTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?			
done during most of working life, even if retired)	me.	Batta. 1	Md.	u.s.d.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME				
Andrew Reid		thizabe	th WAite				
(Yes, no or unknown) (It yes, give wor or dotes of service)	SECURITY NO.	17. INFORMANT	7.	ADDRESS			
118,	CAUSE OF DEAT	Charence /	nor tax	SA MC			
DISEASE OR CONDITION DIRECTLY	CARO		T BREAST	BETWEEN ONSET AND DEATH			
LEADING TO DEATH (This does not meen the mode of dying, e.g.,	(A) IMMEDIATE PAC	BENLTIPLE BU	INY METASI	15 8/1/69			
heart failure, asthenio, etc. It means the disease, injury or complication which coused death.)	DUE TO, OR AS	A CONSEQUENCE OF:					
ANTECEDENT CAUSES	(8)						
DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		000000000000000000000000000000000000000			
UNDERLYING CONDITION lost.	(C)		B BH BO BO DO OD OD OD BODE DO DO OD OD OD OD				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO DISEASE OR CONDITION GIVEN IN PART 1 (A).							
U 19A. DAJE OF OPERATION 19B. CONDITION FOR WH	BREAST	20A. AUTOPSY2 (Yes or No	O) 20B. IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED ES OF DEATH?			
U 21A. ACCIDENT WAS UNDERLYING 21B. PL	ACE OF INJURY (e.g., i larm, tactory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimore C	City, give exact location?			
Q 21D. TIME (Month) (Day) (Year) (Hour) 21E. th	IJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	HIS SURFER			
(APPROX.) While Work	At Work			1000			
22. I certify that (I) (this haspital) ottended the deceased from 7/3/70 19 to 7/2/10 19 that (I) (we) last saw the deceased alive an 19 and that in (my) (our) apinian death accurred a ond haur and from the causes stated above. (I) (We) (did) (did nat) view the bady after death.							
23C.PHYSICIAN'S	DEGREE Phy	Med. Director Director	Staff Phys.	12/21/10			
NAME STAPED NO FIGURE	11.0	1106 214	DIFMX	21/5			
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	DEGREE	MATORY 24D. L	OCATION (City,	lown, or county) (State)			
Burne 12-13-70 MT	- Calvary	Com.	Brackyln	md.			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS			
DECAT BLO DORSELE EN	armed and a	- July 0	· W/(500 /	occ. 12, miley Are			

DEC VS 150-REV. 1/1/6B

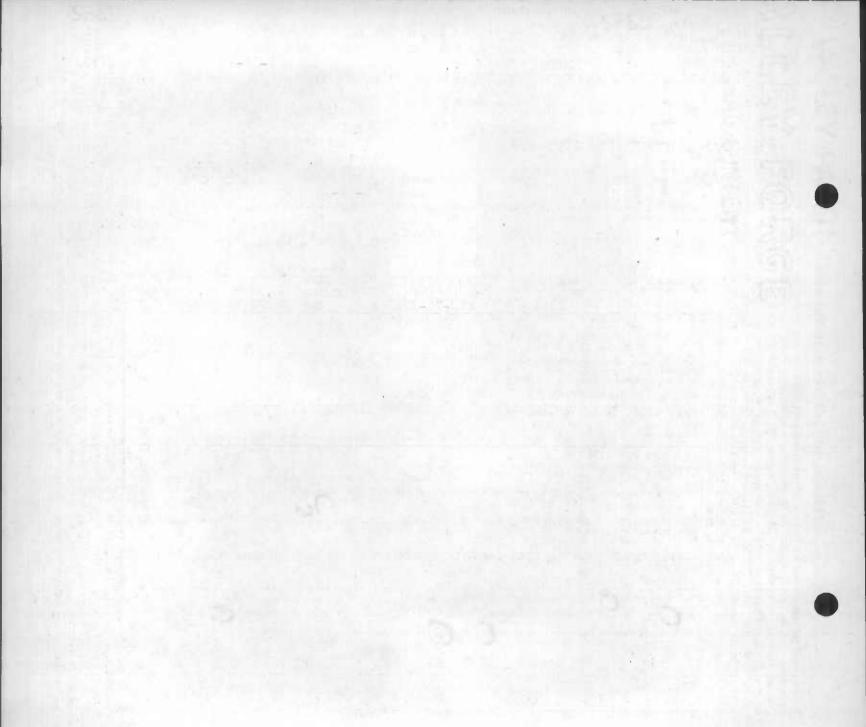
12382

BALTIMORE CITY HEALTH DEPARTMENT

76 12382

BIRTH NO.		CERTIFICA	IE OF DEATH	1			
I. NAME OF DECEASED			2. DATE	AND HOUR OF DEAT	Н		
(Type or Print)	DWINB GRE	EN Sr.	I2-20-70 7:35 A				
3. PLACE IN BALTIMORE, MARYL				Vhere deceased lived, If DUNTY	institution: residence before admission)		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			MARYLAND	10.19	SIDE CITY HAVES		
HOSPITAL OR ADDRESS			BALTIMORE	D. III	YES NO NO		
B OLTON HILL NURS	STRIC HOME		E. STREET AND NUMBE	R	162 [7]		
B OLION HILL NOIS	TING HOLE		LOI N. CALV				
5. SEX 6. RACE	17		8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.		
	7. MARRIE		4-28-84	lost birthdayl	Months Days Hours Min.		
M W. IOA. USUAL OCCUPATION (Give ki	WIDOWE				12. CITIZEN OF WHAT COUNTRY		
done during most of working life, even		State	II. BIRTHTEACE (SIGNE OF	toleigh country)	U.S.A.		
Ret'd. Office		employment	MARVIAND		0.5.R.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
Ellwood GREEN			O A OFFICE TATES	0007			
15. Was Deceased Ever in U. S. A	med Forces?	1 6. SOCIAL	CATHERINE 17. INFORMANT	COOK	ADDRESS		
(Yes, no or unknown) (If yes, give we	or or dates of service		Richard E.	Green, Wyr	mewood Towers		
No		218-10-2051		ON RECORDS	21210		
1B.		CAUSE OF DEAT	H		BETWEEN ONSET AND DEATH		
rise to the obove cau UNDERLYING CONDITION OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA DISEASE OR CONDITION GIVE	Inst. ONS CONTRIBUTIN ITED TO THE TERMINA N IN PART 1 (A).	(c) Ch.,	Lan	No. 208 IF VES WED	E FINDINGS CONSIDERED		
	WAS PERFORMED		no	IN CERTIFYING C	CAUSES OF DEATH?		
OR CONTRIBUTING CAUSE DEATH (notify medical examin	OF	21B. PLACE OF INJURY (e.g., inome, form, foctory, street, oetc.)	n or obout 21C. WHERE DII ffice bldg., INJURY OCCUR	D (If in Boltim	ore City, give exoct location)		
OF INJURY (Month) (Doy	(Year) (Hour) 2	TE. INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?			
₹ (APPROX.)		While At Not While Work At Work					
22 : .: .:			5/22	1968 to	12/22 1972		
22. I certify that (1) (this		/					
that (i) (we) last saw the			·		pinion deoth accurred an the dot		
and hour and from the cou	ses stated above	(i) (We) (did) (did nat)	riew the bady ofter deo	th.			
23A. SIGNATURE	1				23B. DATE SIGNED		
al	201/an	DEGREE Phy	ending Med. Director	Staff Phys.	12/4/70		
23C. PHYSICIAN'S NAME (Type) ALL AN H	MACH	- MB	23D. ADDRESS	of held	md 2/202		
		DEGREE, NAME of CEMETERY OF CR	EMATORY 241	D. LOCATION	(City, town, or county) (State)		
REMOVAL (Specify)	1970						
Burial 12	== 23 == 10T	Loudon Fark		Baltimore	ADDRESS		
DEC 21 197	1 Paber E	E OF REGISTRAR	25C. FUNERAL DIREC	Trins & Sor York Road	as Co., Md. 212		

VS 150-REV. 1/1/6B



70 12383	BALTIMORE CITY	HEALTH DEPART	MENT		
BIRTH NO.	CERTIFICA	TE OF DE	ATH REG. NO	o. 70 1238	33
I.NAME OF DECEASED Lizabeth Hall		2.	DATE 12-20-70F DE	EATH 6:	30 AM
3. PLACE IN BALTIMORE MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDES	NCE (Where deceased lived	. Il institution: residence l	Melate admission
FULL NAME DF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION)	ASTITUTION, GIVE STREET	A. STATE Md. C. CITY OR TOWN	BACTI		300
3 / Mercy Hospital		BACT IN	MORE	_ /	10 🗌
is SEX 16 RACE 17. ALARM		12 00	NKIRK F	ROAD	
F Wido	NED NEVER MARRIED DIVORCED DIVORCED	8-10-91	9. AGE (In yours lost birthdoy)	Months Doys	Il Under 24 Hrs. louis Min.
OA. USUAL OCCUPATION (Give kind of work 108, KIN lone during most of working life, even it retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (SI	ote or loreign country)	12. CITIZEN OF W	HAT COUNTRY
	VN HOME	mD.		U.S. F	2.
3. FATHER'S NAME		14. MOTHER'S MA	IDEN NAME		
JOHN F. BOWEN		RETTY	JANG	(1)	2
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) all yes, give wor or dates of servi	cel SECURITY NO.	17. INFORMANT	371700	ADDRES	\$
No	217-38-267A	REYNOLD	B. HALL	(same	-)
18. / / 4/1	CAUSE OF DEATH			APPROXI	MATE INTERVAL
DISEASE OR CONDITION DIRECTLY		./ 4		BETWEEN C	DISET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	SE Ventric	ulas Filrila	lion ?	7
(This does not mean the mode of dying, heart failure, asthenio, etc. It means the dise	0.0	CONSEQUENCE OF	-	***************************************	
injury or camplication which caused death.)	7.	/ 0			
ANTECEDENT CAUSES	(B) Mysea	Idial D	ruage-	Ze	ars -
DISEASES OR CONDITIONS, if any, girise to the above cause (A) stoling	ring DUE TO/ OR AS	A CONSEQUENCE O	F: 0 /		***********
UNDERLYING CONDITION last.	(c) ASCO	18-01d	Infaction. Le	chemia Le	aro
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL /cena	l Fail	ure - Sey	stie shoe!	K
194 Date of Operation 198 Condition F Dec 18/70 Was Performed	or WHICH OPERATION	20A. AUTOPSY?	Tes or No. 208 IF YES W	ERE FINDINGS CONSIDE	ERED
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21 C. WHER	E DID (If In Bol	Itimore City, give exoct loca	otion)
21 D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW	DID INJURY OCCUR?		
(APPROX)	While At Work At Work				
22. I certify that (I) (this hospital) attended		17-	17-19 70 to	12-20-	- 1970
that (1) (we) last saw the deceased alive		2- 1970	and that In (my) (our)		
			-and that in (my) (our)	opinion death occurre	ed on the date
and hour and from the causes stated above	(i) (me) (aid) (ald not) vi	ew the body after	death.	238, DATE SIGNED	
(911:	Atten	ding Med.	Stoff to	115 -	24
23C. PHYSICIAN'S	DEGREE	Direct	or Phys.	12-20	-10
NAME (Type)			77 7. 7		
4A. BURIAL CREMATION, 24B. DATE 246	10715 a DEGREE		Hospital		
REMOVAL (Specify) 1970	NAME OF CEMETERY OF CRE		24D. LOCATION	(City, town, or county)	(Stote)
Burial 12-23-	Christ Chur		Port Rep		Md.
DEC 21 970 (258, MAN	E. Valley R.D.	25C FUNERAL D	Jenkins & S 905 York Ro	ons Co ADDRE	Md 21212
S 150-REV. 1/1/68			/U) TOTA NO		

DALA JAINAG SI HERSENIFE ON FIRST (Small James & water (man)

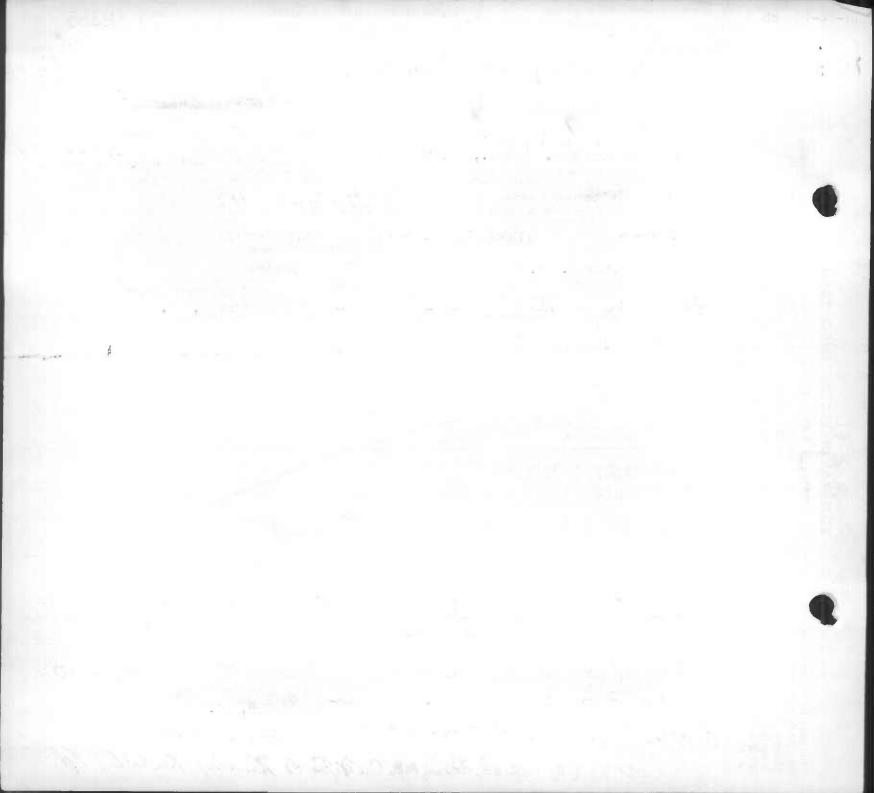
VS 150-REV. 1/1/68

12384	BALTIMORE CITY HEALTH DEPARTMENT
	CERTIFICATE OF DEATH

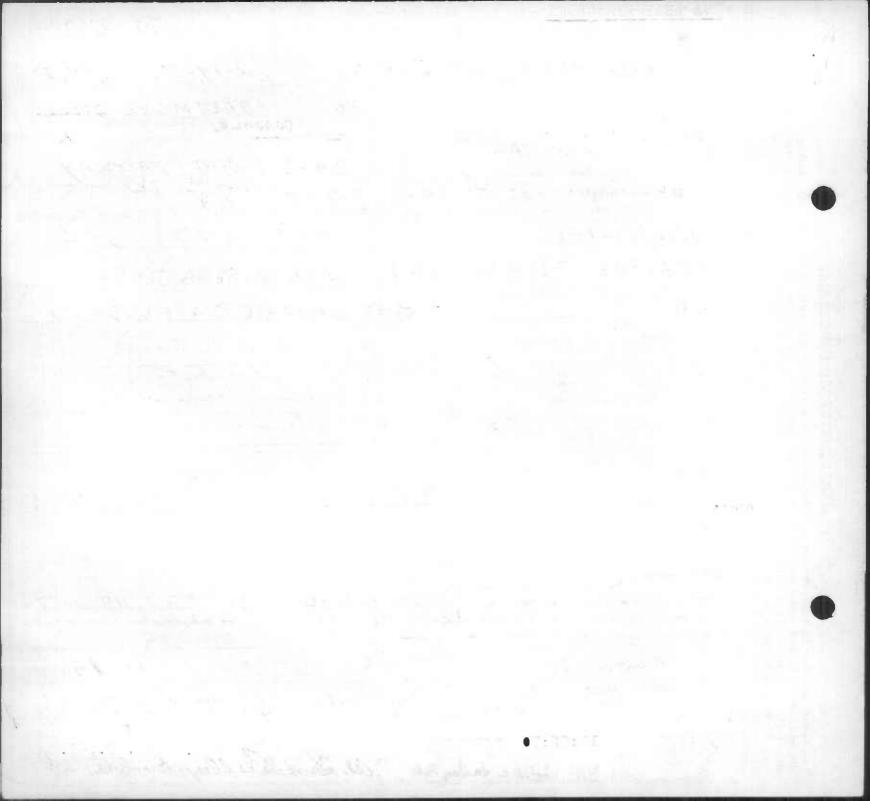
REG. NO	70	12384	-

BII	TH NO.	7007			CER	TIFICA	TE O	F DEA	TH	REG	. No	70 3.4	200	
	Pe ar Print)	ASED	h	1	0			2. D	ATE AN	ID HOUR O	F DEATH			
3.	PLACE IN BALT	MORE MAI	Mrs K			EROA	A. USUA	L RESIDENC	12/0	20/10	E		7:20	o am.
	ILL NAME OF				TUTION, GIVE		A. STAT	E B.	COUN	TY	lived. II in:	stilution: resid	2	o odmission)
iN	AO25 /	^						ORTOWN		-)	D. INSI	DE CITY LIMIT	\$?	
1	0		/	thee.				AND NUM		0)	2	YES	NO [
7	CON DECO	URS H		41			240	1 &		AW 1	LA3	A		
5.	F	1N		MARRIED	NEVER M.	ARRIED	8. DATE	29 9 2	,	9. AGE (In) last birthday	eors	II Under 1 Manths Do	Yr. II Ur ys Haurs	nder 24 Hrs. Min.
don	. USUAL OCCUI	PATION (Give	kind of work 10	B. KIND C	F BUSINESS O	RINDUSTRY	11. BIRTH	PLA'CE IStole	or farei	gn country)		12. CITIZEN	OF WHAT	COUNTRY?
1	TO ME M	AKE		00	IN HO			ALTI			Md	u	.S.A	
	Tobel	_	BOLK,	600	17		-	HER'S MAID						
15.	Was Deceased I						17. INFOR	AD B	CKK	LA	UKA	A	DORESS	
	s, no or unknown)	If yes, give	war or doles (ol service)	SECURITY	NO.		ELIZA	ABET	TH CO	PER			TYHIL
	18.	1.01				OF DEATH						lan A	PPROXIMATE	INTERVAL
			ITION DIREC	CTLY		a	cuse		11	. h	iassi'	-C BEIL	VEEN ONSE	AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							lay						
	injury at camplication which caused death.)													
		NTECEDENT			(B)	ight	K	spr c	· L	lcer 3	19-10	us 7		
	DISEASES OR CONDITIONS, if any, giving is a la line above cause (A) stating the													
	UNDERLYING	CONDITION	V last.		(C)		-							
CERTIFICATION	OTHER SIGNIFIC	BUT NOT REI	LATED TO THE	TERMINAL										
ICA	19A. DATE OF C	NDITION GIV	EN IN PART 1	(A).	WHICH OPERA	TION	20A, A	UTOPSY? IYes	s or Nol	208. IF YE	S WERE EN	NDINGS CO	NSIDERED	
RTIF	1		WAS PERFOR	MED				Yes		IN CERTIF	NG CAU	NDINGS CO SES OF DEA	TH?	
MEDICAL CE	21A. A CCIDENT OR CONTRIBUTE DEATH (notify n	WAS UNDI	ERLYING [] SE O F	211 has etc	B. PLACE OF IN me, farm, factor	JURY le.g., in y, street, affi	or obout	NJURY OCC	DID UR?	(ii)	Baltimare	City, give ex	act location)	
EDI	21 D. TIME I	Month) (Da	y) (Your) [Houd 211	INJURY OCC	URRED		IF. HOW D	ונאו מו	JRY OCCUR	?			
2	(APPROX.)			W	hile At	Nat While At Wark								
	22. I certify th	nat (1) (this	haspital) a	ttended	the deceased	fram	12	7.42	1	9.70 to	12	. 20	1	1970
	that (1) (we) 10	st saw the	deceased	live on_	12 -	- 20	19_	70	ond tha	t in(my) (our) opini	on death o		
	and haur and	from the ca	uses stated	abave. (1) (We) (did)	(did not) vie	w the b							
	23A. SIGNATURE			,	MD							23B, DATE SI	GNED	
	Jan	ha	Verona	hsc		DEGREE Phys.	ding [Med. Director		Shaff Phys.		12-1	20-70	0
	23C. PHYSICIAN NAME ITyp				A. 3	23	D. ADDR	ESS						
24.5	JANTRA		PARAKS		MI	DEGREE	B 31	7.	1					
24 A	REMOVAL ISP		1970)	AME OF CEME					CATION		town, or co	unty)	(State)
	Burial		12-23-	P	arkwood					Parkvi	lle,		2.5	Md.
25 A	DE DE	C21	970	Ber E	Saben	KA,	25C	JNERAL DIN	feron 05	ins &		S Co.	Md	. 2121

BULLALA



EV	A SEAY KIRSCHNER	BALTIMORE CITY	HEALTH DEPARTMENT	Y	70000
010	70 12386	CERTIFICA	TE OF DEATH	REG. NO.	70 12386
	TH NO.			D HOUR OF DEATH	
	PE OI Print) RIRS CHNER	MRS EVA		2-19-7	0 550 PM
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When		titution: residence before admission)
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN:	STITUTION, GIVE STREET	Md		DRE 21222
IN:	NOITUTION .	AND	C. CITY OR TOWN DUND	17 D. INSIE	YES NOTS 530
	CHURCH HOME		E. STREET AND NUMBER	0-40-1	100 21/4 (8) 4
5. 5	SEX 6. RACE 7. MADDI	5/ 5	3 4 4 6 L	JBERTY,	PARKWAY
	F WIDOW	ED NEVER MARRIED DIVORCED	7-21-01	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
AOI	USUAL OCCUPATION (Give kind of work 10B, KIND e during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
gon	HOUSEWIFE		MARY	CAND	U5A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
	CEORGE FLEM		CLARA V	IRBINA -	TONES
15. (Yes	Was Deceased Ever in U. S. Armed Forces? s, no of unknown! (II yes, give wor of doles of service	SECURITY NO.	17. INFORMANT		ADDRESS
	NO	1214-22-614	5 DAUGHT	ER++	JUS BAND
	18.	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)IMMEDIATE CAU	1. Dinheter	melli h	· years
	(This does not meen the mode of dying, e heart failure, asthenia, etc. It means the disease	-9- DUE TO OR AS	CONSEQUENCE OF:	areplan to	o con
	injury or complication which coused death.)		Ti ch. Jigo	200	
	ANTECEDENT CAUSES	(B)	, process	7	a july
	DISEASES OR CONDITIONS, if ony, givening to the obove couse (A) stoting	the	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.	(c)			
N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG			
ATIC	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL	**************		
CERTIFICATIO	19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208, IF YES, WERE F	INDINGS CONSIDERED SES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., ir home, form, foctory, street, off	or obout 21 C. WHERE DID	(II in Boltimore	City, give exoct locotion)
CAL	DEATH (notify medical examiner)	etc.)	ice biogginerous occoss:		
MEDI	OF INJURY	21E INJURY OCCURRED While At The Not While	21F. HOW DID INJ	URY OCCUR?	
	(APPROX.)	Work At Work	Nov		
	22. I certify that 4) (this haspital) attende	~	2	9 70 ta	1 / 9 / 3
	that (1) (we) last saw the deceased alive of	,		at in (my) (our) opin	lan death occurred an the date
	and hour and from the causes stated above		lew the bady after death.		23 B. DATE SIGNED
	Alin James	AHei	nding Med.	Stoff Phys.	12.14.70
	23C-PHYSICIAN'S NAME (Type)	2	3D. ADDRESS	1 11	11 1 00
	Alway A San	MAD DEGREE	chur ch	altimore	MP. 21231 USA
244	REMOVAL (Specify) 248, DATE 240	NAME of CEMETERY OF CRE	MATORY 24D. LC	OCATION (City	(, town, or county) - tStotel
-	BURIAL 12:22:70	PARKWOOD	TAY	LOR AVE BA	T.TO.CO. MD.
25/	A. DATE REC'D BY HEALTH DEPT. 258. NAM	C Ja Registrar	25C FUNERAL DIRECTOR	halley	Genleigh, MA
	The Car Carlo Mercans				

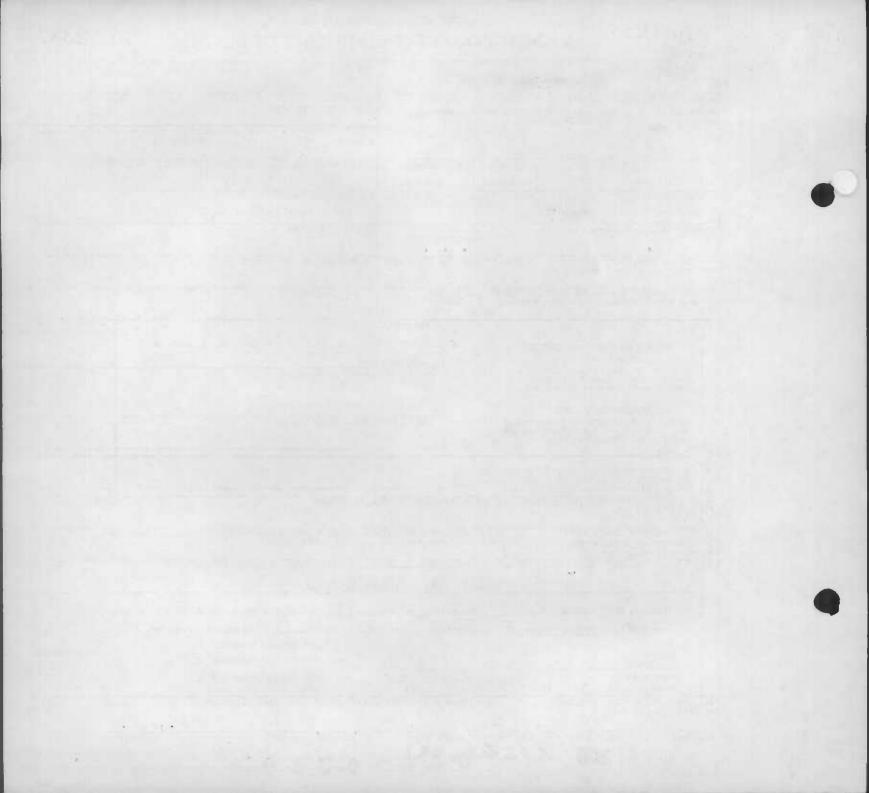


BALTIMORE CITY HEALTH DEPARTMENT

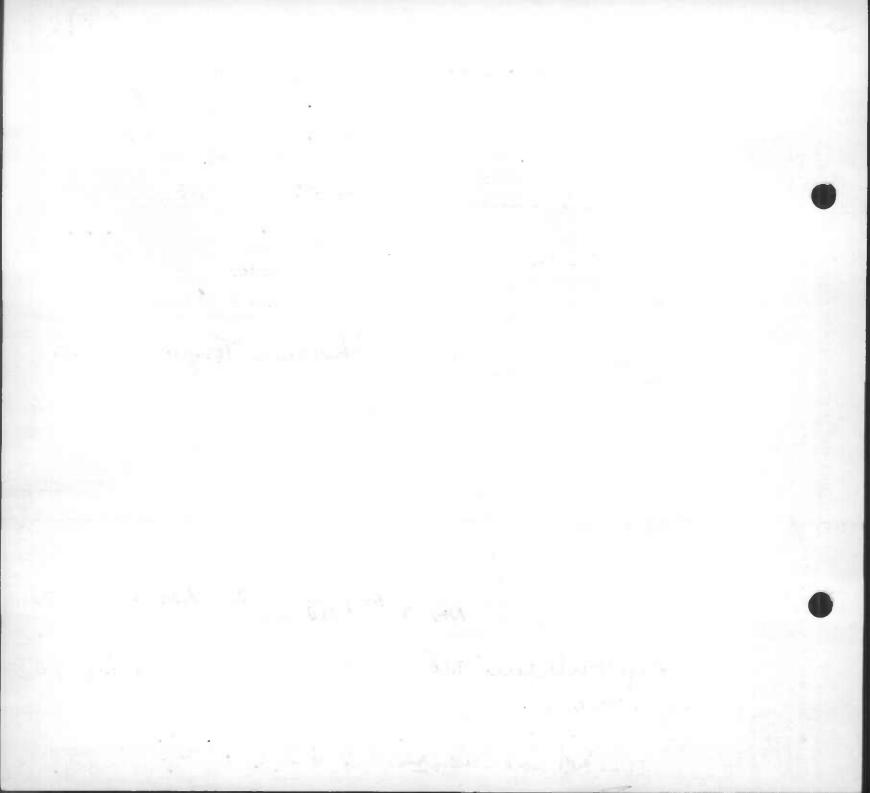
4.	4	0287	
10	nd.	2387	

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	70	1238
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BII	RTH NO.								REG. NO.		
1. (Ty	NAME OF DEC	EASED	Lar	1u	ustus	2. DATE OF DEATH	Known Estimoled	Month	Day	Year	Hour
4.	PLACE IN BAL	TIMORE, MA	RYLAND, I	VHERE PI	ONOUNCED DEAD	3. DATE		Month	Doy	Year	Hour M.
HC	LL NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPIT	AL OR INS	TITUTION, GIVE STREET		INCED DEAD	12	19	1970	6:46a M.
		heran H	ospita	a1	(DOA)	A STATE	Maryland	a dacedased it	B. COUNTY	15	37
ó.	SEX	7. RACE		8. MARR	TED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?	
r	nale	negro		WIDOV	VED DIVORCED		Baltin	nore	Y	ES X	10 🗆
9.	1-7-13	Ĥ	lost blethde		H Under I Yr. If Under 24 Hrs Months Doys Hours Min.		O Carlisle	e Ave.			
11.	BIRTHPLACE (S	tote or foreig	n country)		12. CITIZEN OF WHAT COUNTRY?	13. FATHER	s name In uus	us			
	USUAL OCCU				of Business or Industr		rrie Of				
	WAS DECEAS					18. INFORM	MANT	201		DDRESS	
-	19.	7 24-			CAUSE OF DE		AND USTA		(ar)		ROXIMATE INTERVAL
	1	51/1			Arterioscl		ardiovace	ular d	licanca	BETWE	EN ONSET AND DEATH
		E OR CONDI		CTLY	ALCCIIOSCI	CIOLIC (aldiovas	Julai	itsease		
ı	(This does n	ot mean the , osthenio, etc. aplication which	mode of dy	disease.	DUE TO, OR	AS A CONSEQ	UENCE OF:				
	1	OR CONDITION ABOVE CAL		Y, GIVING	(B) DUE TO, OR	AS A CONSE	QUENCE OF:				
2	UNDERLYIN	AG CONDILI	ON LAST.		(c)						
은			11								
CERTIFICATION	OTHER SIGN TO THE DEA DISEASE OR	ATH BUT NOT CONDITION	RELATED TO	THE TERM	INAL						
ERI	20A. DATE OF	OPERATION	208. CO	NOITION	FOR WHICH OPERATION W	AS PERFORM	ED			21. AUTOP	SY? (Yes or No)
O	6									no	
EDICAL	22A. EXTER UNDERLYING UTING CA		TRIB-		22B. PLACE OF INJURY (e.g. home, farm, factory, street, offi	, In or obout 2 ce bidg., etc.) ii	2C. WHERE DID	(if In Baltimo	re City, give ex	act location)	
M	OF INJURY		oy) (Yea	r) (Hou		T WHILE -	2F. HOWDID IN	JURY OCC	JR?		
	(APPROX.)					WORK					
	l cert	ify that I he	-	nquiry [stopsy [ond that on t	his basis,	death in my	opinion	
	resul	ted from: N	atural cau	tes XX	Accident Suici				ned monner		
	ACTUAL			Dar	tik,		CHIEF MEDICAL I		Ц	1	ATE SIGNED
	SIGNATI	JRE	111	1 mi	LACKELLES M.	D. ASSI	STANT MEDICAL	EXAMINER	区		
L	NAME (1	ype)		e Mil	nalakis, M.D.		CIATE MEDICAL E			12-1	19-70
	A. BURIAL CREAMOVAL (Special	fy)	4B. DATE	n/s	24C. NAME of CEMETERY			LOCATION	(City, town	n, or county)	(State)
25	A. DATE REC'D	- proj	DEPT.	25B. N	AME OF REGISTRAR		UNERAL DIRECTO			DDRESS.	
	DEC	21 197			Jaban, M. M.	-00 -0	son P	. 13	J	houn 8	it.
VS	151-REV. 1/1/61	3					-				



	70 12388		TE OF DEATH	REG. NO.	0 12388		
	1. NAME OF DECEASED (Type or Print) MARY V. S.	COTT	1 A .	HOUR OF DEATH	1,30		
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	RONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	doceased lived. If institut	tion: residence before admission)		
	FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE C			
10	Lukeren Haspi	tal	E. STREET AND NUMBER	E YE	s No D		
m :		WED DIVORCED	16 11 00	st birthdoy) Mo	Under 1 Yr. If Under 24 Hrs. Hours Min.		
- 11	to A. USUAL OCCUPATION (Give kind of work 10 B. KIN dane during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stale or fareign	country) 12	CITIZEN OF WHAT COUNTRY?		
ispositio	13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAM	<u> </u>	U13. A.		
man II.	WALTER QUA	2 8 5	Nettie Jo	hoson			
B	15. Was Deceased Ever in U. S. Armed Foices? (Yes, no or unknown) (If yes, give war or dates of serv		17. INFORMANT	1	ADDRESS		
or fin	118.	215-32-0134 CAUSE OF DEAT		les 1710 F	APPROXIMATE INTERVAL		
	DISEASE OR CONDITION DIRECTLY			week in bou	BETWEEN ONSET AND DEATH		
balmed	LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:						
mpa	heort failure, asthenia, etc. II means the disc injury ar camplication which caused death.)	ease,	A CONSEQUENCE OF:				
0	ANTECEDENT CAUSES	(B)	H.		3 days		
ā	DISEASES OR CONDITIONS, if any, ginise to the above cause (A) stating UNDERLYING CONDITION last.	The (C)	A CONSEQUENCE OF:				
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG NAL					
- 11	DISEASE OR CONDITION GIVEN IN PART 1 (A). 194- DATE OF OPERATION 198- CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B, IF YES, WERE FINDI	NGS CONSIDERED OF DEATH?		
0	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., ir home, form, foctory, street, of etc.)	or obout 21C. WHERE DID	(If In Baltimore City	give exact facation)		
do li	21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work At Work	21 F. HOW DID INJUR	Y OCCUR?			
opt	22. I certify that (I) (this hospital) attend		2-15-1976	10/2-11	19 20		
pe	that (I) (we) last sow the deceased alive			in (my) (our opinion	death occurred on the date		
must	and hour and from the causes stated abov	e. (i) (We) (did) (did not) vi	ew the bady after death.	/	DATE SIGNED		
=	Mymy Gul	After Phys.	Med. Ste	of the	2-17-1970		
approval	PAGE (Type) Myung Due	ik Ro	Luther an h	expital 1	30 ashburtons		
	24A. BURIAL CREMATION, 24B. DATE 240. REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. LOC	ATION (City, tov	vn, or county) (Stole)		
Wriften	BURIA 12-21-70	CHURCH C	EM. TAF	PAHANNOC	K, VA.		
*	DEC 21 TM ROBER E	Jably KB. 2	25C. FUNERAL DIRECTOR	BAILEY	ADDRESS		
V	'S 150-REV. 1/1/68	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	THE TABLE TO SELL FROM	12706	hora ni		

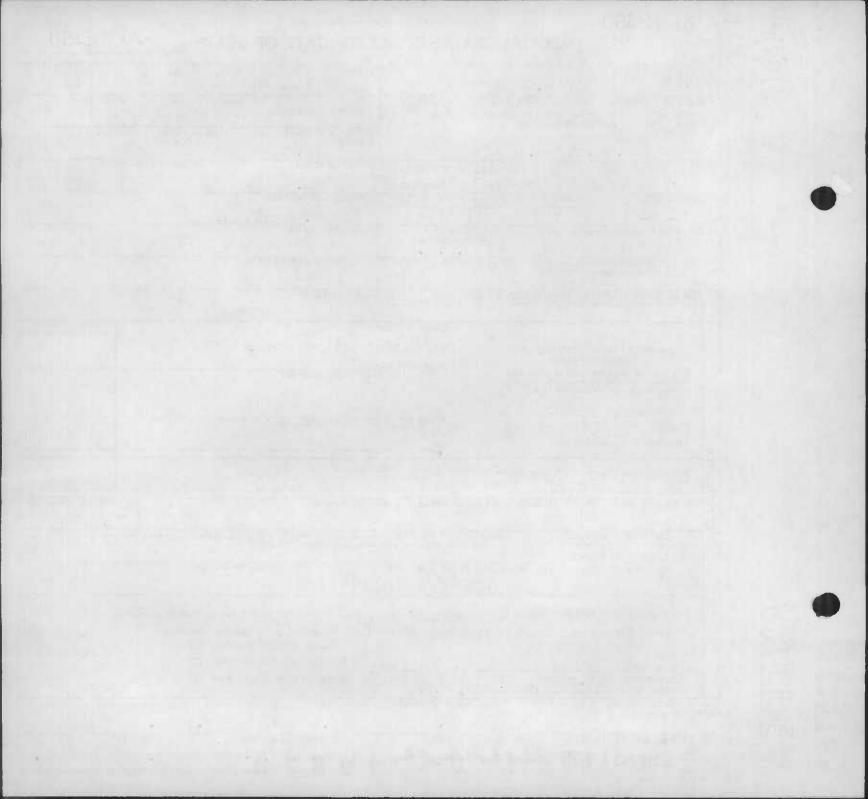


70 12390

BALTIMORE CITY HEALTH DEPARTMENT

	HEALIH DEPAKIMENT	1 40000
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	PEG NO /U 12330

BIRTH NO.										
1. NAME OF DECEASED (Type or Print) WILLIAM H. TILGHMAN				2. DATE OF DEATH	Known 🗍 Estimated 🗍	Month	Doy	Year	Hour	M,
4. PLACE IN BAL	TIMORE, MARYLAND,	WHERE P	RONOUNCED DEAD	3. DATE		Month	Day	Yeor	Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET			PRONO	UNCED DEAD	12	20	1970	1 2 a		
HOSPITAL OR INSTITUTION	ADDRESS OR LO	CATION)		6 HEHALE	ESIDENCE (Wher					M.
36 36				A, STATE	ESIDENCE (When	e decedaed i	B. COUNTY	/		
2765	W. North A	ve.			Md.				20	62
6. SEX 7. RACE B. MARRIED NEVER MARRIED			RIED NEVER MARRIED	C. CITY OF	NWOT		D. INSIDE	LITY LIMITS?		
male	negro	WIDO	WED DIVORCED	Ва	lto.		,	YES 🔀	NO 🗆	
9. DATE OF BIRTH		(In years	If Under 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBER					
12-27-	lost birth	_ '	Months Days Haurs Min.	2765	W. North	ATTO				
	tote or foreign country		12. CITIZEN OF	13. FATHER		. 1100.				
II. DIKITI ENGLY		'	WHAT COUNTRY?			7	30			
	Laryland	115 45 Min	U. C. a. L.			.lghuu	11			
dane during most of w	PATION (Give kind of wo varking life, even If retire	aki 145. KIN	D OF BUSINESS OR INDUSTR							
					rergaret	,				
	ED EVER IN U.S. ARM			IB. INFOR	MANT			ADDRESS		
(Tes, no or unknown)	(if yes, give war or do)	62 Of SetAic	e) SECONITINO.	Mam	ie Til !	man	San	ie		
19.	0.11		CAUSE OF DEA						PPROXIMATE IN	
7.10	77				1	1	3:		VEEN ONSET A	NO DEATH
	E OR CONDITION DI	RECTLY	Arterioscl	erotic	cardiovas	cular	disease			
	LEADING TO DEATH		(A) IMMEDIATE							
heart failure	ot meon the made of c, asthenta, etc. It means application which caused	the disease,	DUE TO, OR	AS A CONSE	QUENCE OF:					
	NTECEDENT CAUSES		(B) DUE TO OR	AS A CONSI	QUENCE OF:					
RISE TO THE	OR CONDITIONS, IF A E ABOVE CAUSE (A) S	iny, giving Stating th	E DOE 10, OK	AS A CONSI	QUENCE OF:					
LINDERLYIN	NG CONDITION LAS	Τ.	(c)							
0	1.0									-
[O] TO THE DE!	VIFICANT CONDITIONS ATH BUT NOT RELATED	TO THE TER	MINAL							
DISEASE OF	CONDITION GIVEN IN	•	FOR WHICH OPERATION W	AS DEDECOR	MED			21 AUTO	OPSY? (Yes	or No)
E ZUA. DATE O	OPERATION 200. C	יטוווטאט.	A FOR WHICH OF EKAHON W	AS PERFOR	MED			21. 7010	21311 (
_1 (2)								no		
UNDERLYING	NAL CAUSE WAS		home, farm, lactory, street, office	In ar about te bldg., elc.)	22C. WHERE DID INJURY OCCUR?	(il In Bolilm	ore City, give e	xact location)		
	(Monih) (Day) (Y	(ear) (Ho	ur) 22E.INJURY OCCURRED		22F. HOW DID IN	JURY OCC	CUR?			
OF INJURY	(moning (buy) ((110		WHILE						
(APPROX.)				VORK						
23.			m	. \Box			1			
1 1		Inquiry	pane,	itopsy 📙	ond that on	this basis	, death in m	y opinion		
resul	ted from: Natural o	aures X	Accident Suici	de H	lomicide	Undeterm	ined manner			
	/	- In	1 - 1		CHIEF MEDICAL	EXAMINER			DATE CIC	NIED
ACTUAL		Atter	halalu MI	ASS	ISTANT MEDICAL	EXAMINER	\mathbf{x}		DATE SIG	MED
SIGNAT	1	7/10	walsh M.I		OCIATE MEDICAL	EVAMINIED				
EXAMIN NAME (Toidow	e Miha	alakis, M.D.	ASS	OCIATE MEDICAL	EXAMINEK		12-	20-70	
24A. BURIAL CRE	. 7 6 - 7		124C. NAME of CEMETERY	or CREMAT	ORY 124D	LOCATIO	N (City, Io	wn, or county		ate)
REMOVAL (Spec	lfy)	24-70	au U III				o., 1d.		, ,,,,,	
25A. DATE REC'D	BY HEALTH DEPT.	25B.	NAME OF REGISTRAR	25C.	FUNERAL DIREC	TOR .	MALLOY	ADDRESS		
	-091 mm	0,0,0	8 En Layber M.D.	10,	Tora Clina II al		1348 1	Call	oun s	t.
	177 13/0	JUDGE		0 0		1				
VS 151-REV. 1/1/6	8									



BIRTH NO. 1. NAME OF DECEASED 4. PLACE IN BALTIMORE,

ACTUAL

24A. BURIAL CREMATION, REMOVAL (Specify)

VS 151-REV. 1/1/68

SIGNATURE

EXAMINER'S

NAME (Type)

DATE REC'D BY HEALTH DEPT.

Werner U. Spitz,

24B. DATE

FULL NAME OF

HOSPITAL OR INSTITUTION

6. SEX

CERTIFICATION

male

9. DATE OF BIRTH

11. BIRTHPLACE (State or la

14A.USUAL OCCUPATION done during mast of warking life

16. WAS DECEASED EVER (Yes, no ar unknown) (II yes, g

A / 10 12391 BALTIMORE CITY HE.	ALTH DEPARTMENT	0.0000
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	0 12391
NAME OF DECEASED	2. DATE Known X Month Day	Year Hour
Otha Nash	DEATH Estimated	М.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy PRONOUNCED DEAD	Yeor Hour
L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL ADDRESS OR LOCATION) INSTITUTION	12 13 5. USUAL RESIDENCE (Where deceased lived, If Institution:	70 10:15 p.m.
19.2	A. STATE B. COUNTY	900
Union Memorial Hospital	Mary Land C. CITY OR TOWN D. INSIDE CITY	(IIIII)
7. RACE 8. MARRIED NEVER MARRIED	C. CITY OK TOWN	Filmin
nale colored WIDOWED DIVORCED	Baltimore YES	NOL
DATE OF BIRTH 10. AGE (In years lost birthday) 10. AGE (In years lost birthday) 11. AGE (In years lost birthday) 12. AGE (In years lost birthday) 13. AGE (In years lost birthday)		
BIRTHPLACE (State or lareign country) 12. CITIZEN OF	511 E. 22nd St.	
Baltemore WHAT COUNTRY?	Spen Cer Mash	
USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY during mast of working life, even if retired)	Sarah Price	
WAS DECEASED EVER IN U.S. ARMED FORCES? , no or unknown) (Il yes, give war or doles of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADI	23 KelSt
19. CAUSE OF DEA	TH	APPROXIMATE INTERVAL
7.4817		BETWEEN ONSET AND DEATH
	sclerotic cardiovascular diseas	е
(A)IMMEDIATE C	AUSE AS A CONSEQUENCE OF:	
AA MPAGARAY AALIERA		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE		
UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED	21. AUTOPSY? (Yes or No)
2		yes
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. UTING ☐ CAUSE OF DEATH. 22B.PLACE OF INJURY(e.g., home, form, foctory, street, officents)	in or about 22C. WHERE DID (II in Baltimore City, give exact bidg., etc.)	location)
22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY WHILEAT NOT	WHILE CORK CORK	
23.	TOTAL COMMITTEE	
	topsy X and that an this basis, death in my o	pinian
resulted from: Natural causes XX Accident Suicident	de 🔲 Hamicide 🔲 Undetermined manner 🗀	

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER Deputy Chief Medical Examiner

25C. FUNERAL DIRECTOR

24D. LOCATION

M.D.

24C. NAME of CEMETERY or CREMATORY

M.D.

258. NAME OF REGISTRAR

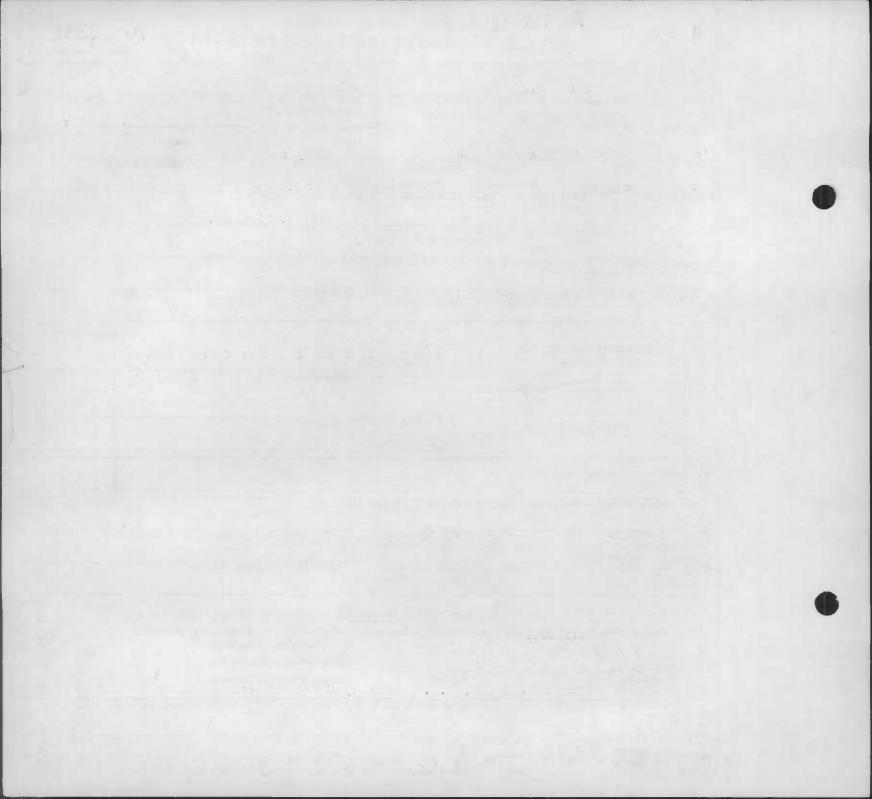
DATE SIGNED

(State)

12/14/70

(City, tawn, or county)

ADDRESS



25A. DATE REC'D BY HEALTH DEPT.

Southern Memorial Gardens,

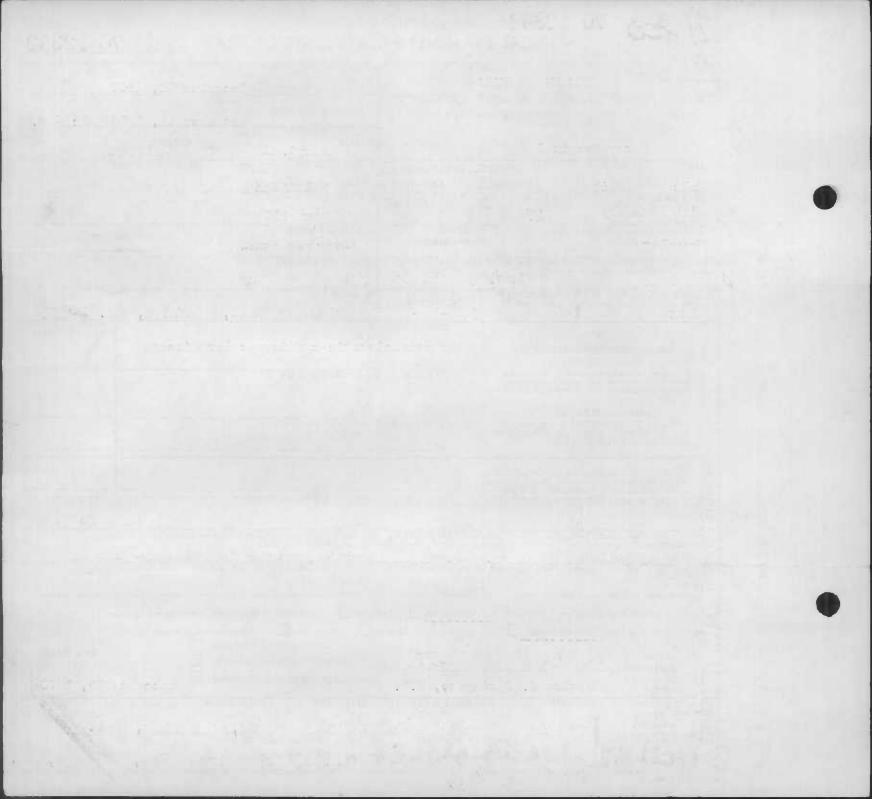
ADDRESS

Dunkirk, Cal.

258, NAME OF REGISTRAR

25C. FUNERAL DIRECTOR Hutchins Funeral Home,

Owings, Md.



1	BALTIMORE CITY	HEALTH DEPARTMENT 70 12393
2002	5-300 70 12393 CERTIFICA	TE OF DEATH REG. NO.
deat deat cease on th	1. NAME OF DECEASED (Type or Pant) Janie Scott	2: 35 PM 12/15/70 M.
of of of of ath	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
hos (5) (5) de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION!	Baltimore, Md.
cau se; se; to	Bolton Hill Nursing & Conv. Ctr	Baltimore YES NO
d in cau	140 W. Lafayette Ave. Baltimore, Md. 21217	E. STREET AND NUMBER
ar ar	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
min min gul sed	Female Negress WIDOWED DIVORCED	9/19/85 lost birthdoy! Months Days Hours Min.
con con con is	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during that of werking life, even if retired)	
or nde de itio	done during part of menting life, even it refired) Diving with Housewife Unknown	Maryland U. S. A.
if dea ect or t) Unc was was the d	13. FATHER'S NAME / Lindskit/ Travis Winston	14. MOTHER'S MAIDEN NAME
dire dire di; (4	15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	//////// Mary Scott
sta he ind leat leat ral	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Bolton Hill records, 140 W. Lafayette
f the high kind of and and refined	No 213 01 3643	Baltimore Md. 21217
o, if fan, nced ende	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
Als Als noun	LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE CAU	SE meltyple cevellal Revoluges reels
ctu ctu pro pro	hearl foilure, osthenio, etc. Il means the diseose, injury or complicotion which coused death.)	
fra fra em	ANTECEDENT CAUSES (B) Old C	exelvel Movelono i pavolyus 1967
whw re	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS rise to the obove cause (A) stating the	A CONSEQUENCE OF. 119 CT
ins ins	UNDERLYING CONDITION losi. (C)	Muleoth Rent diese yes
edical dical urns; ysici was	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Minarch Len marine glants
me me y bu phy ian e re	DISEASE OR CONDITION GIVEN IN PART 1 (A).	200 A ALIZORSYZ IV. C. N. N. N. 201 201 IF VET WERE SIMPLINGS CONSUMEDED
by a 2) Bodie the the physic fore th	19A. DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in OR CONTRIBUTING CAUSE OF home, farm, factory, street, of	n or about 21 C. WHERE DID (If in Boltimore City, give exact location) fice bldg., INJURY OCCUR?
re; (vhe No	DEATH Instify medical examined etc. D 21D.TIME (Month) (Dayl (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
ed hosp artu pt (6)	OF INJURY While At Not While	
he he hay n xce	22. I certify that (I) (this haspital) attended the deceased fram-	1/10 1968 to 12/15 1980.
D . (0	that (1) (we) last saw the deceased alive an 12/15	19 2.2 and that in(my) (aur) apinian death occurred on the date
00-	and haur and fram the causes stoted above. (I) (We) (did) (did nat) v	
eased ident hospit o deat		nding Med. Stoff 238, DATE SIGNED
E O U D + B		23D. ADDRESS
was r was r An a A. at prior	NAME (Type) ALLAN H MACHT MD	2 E READ ST Bult My you
certificat body was vs. (1) An D.O.A. a ased pric	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	
This cerrithe bod shows: (was D.C decease	Burial 12/18/70 Lincoln Memoria	
This certif the body shows: (1) was D.O deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2 St. N.W. Wash BC. N.W.

VS 150-REV. 1/1/68

ADDRESS 1820 9th St. N.W. Wash., D.C.

Les de la company de la compan Test in feed a point in a contract of PARTICIONAL PROPERTIES TESTS Summer Commence of Security · The value resident morant •

2 10001	
70 12394 BALTIMORE CITY HE	
- 1-400 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70 12394
BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Known 🖾 Month Doy Year Hour
(Type or Print) WILLIAM JOLLEY, Jr.	DEATH Estimoted December 17, 1970
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD December 17, 1970 6:45 P.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
Lutheran Hospital (DOA)	A. STATE B. COUNTY Maryland
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES X NO 1
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hrs	E. STREET AND NUMBER
3-22-1906 lost birthdoy) Months Doys Haurs Min.	1008 N. Payson Street
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Chester, South Carolina WHAT COUNTRY?	William Jolley, Sr.
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME
done during most of working lile, even if relired) Laborer Beth-Steel	N/A
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. 213-07-2130	Mrs. Helen R. Jolley 1008 N. Payson Stree
19. CAUSE OF DE	
Chronic Chronic	pulmonary emphysema with cor
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE	pulmonale
	AS A CONSEQUENCE OF:
tnjury or complication which coused death.)	
ANTECEDENT CAUSES (R)	The second of th
	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
2	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
O THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	VAS PERFORMED 21. AUTOPSY? (Yes or No)
	Yes
	., In or obout 22C. WHERE DID (if in Boltimore City, give exact location) ice bidg., etc.) INJURY OCCUR?
UNDERLYING OR CONTRIB-	o bigg and have been
2 22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED	
(ADDROV)	WORK
23.	
	utopsy X and that on this basis, death in my opinion
resulted from: Notural couses Accident Suic	de Homicide Undetermined manner
ACTUAL (1/18)	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE CLOUDS , Jaken.	
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER December 18, 1970
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER)	or CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	M-
Burial 12-22-70 Arbutus Memo	orial Park Baltimore, Maryland

MQR,TON, & DYETT F.H. 1701 Laurens Street

DEC 21 1970 Page E. Fallent & VS 151-REV. 1/1/68

Control of the second of the s Single of the first transfer of the contract o

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

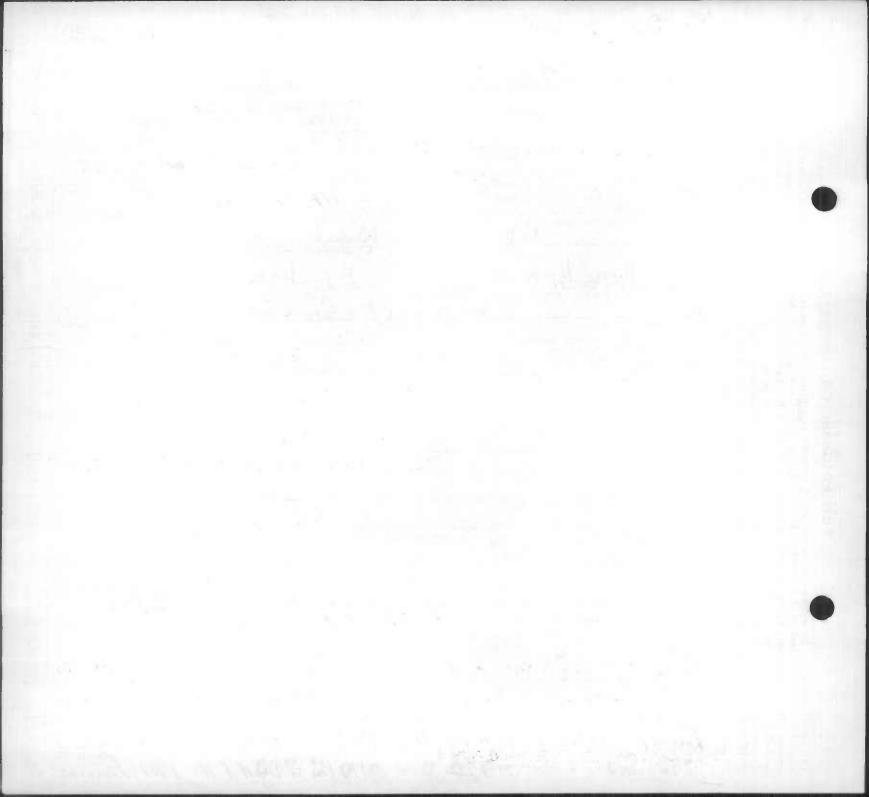
1 = - CDL	BALTIMORE CITY	HEALTH DEPARTMENT	71	0 12395
BIRTH NO. 70 1238	5 CERTIFICA	TE OF DEATH	REG. NO	
1. NAME OF DECEASED	- /	2. DATE AN	D HOUR OF DEATH	
Gregory,	John W.	12	118)70	9-45 PM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONO UN CED DEAD	4. USUAL RESIDENCE (When	e deceased lived. V.instit	tution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	C. CITY OR TOWN		2841
INSTITUTION	to 1 of Maril	1 BALTIMORE		CITY LIMITS?
Lutheran Hospi	IN COT ITHINGO	E. STREET AND NUMBER	T	ES NO
76	•		TY MEIGHTS	AVENUE
WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	8-15-49	ost birthday!	If Under 1 Yr. II Under 24 Hrs. Aonths: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Store or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
Letred		NC Smig	to Mill	U.S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	0113, 11.
Charles Gran	0.011	Laurica C.		
15. Was Decaasad Ever in U. S. Anned Farces?	1)6. SOCIAL	17. INFORMANT	4014	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of sen	SECURITY NO.	4.111), j	DII I ST
118.	CAUSE OF DEATH	1115 Helen Te	HAWAY /	05 Historietes
DISEASE OR CONDITION DIRECTLY	CAUSE OF BEAT	0 (7	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	er (Arenami)	Musey bo	Pro .
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis	e.g., DILETO OP AS	CONSEQUENCE OF:		******
injury or complication which caused death,)	1.2	01000	, ,	
ANTECEDENT CAUSES	(B)		ovaseula di	oute
DISEASES OR CONDITIONS, if any, g	iving DUE TO, OR AS	A CONSEQUENCE OF:		******** *****************************
UNDERLYING CONDITION lost.	(C)			
	emac	eastern, de	hudran	ai
O OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI	ING		0	
	100000000-0-0000000000	100.0		
WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	IN CERTIFYING CAUSE	S OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218 PLACE OF INJURY (e.g., in home, form, foctory, street, off elc.)	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR?	(II In Boltimore C	ity, give exoct location)
OF INJURY (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.)	While At Not While			
22. 1 certify that (1) (this hospital) attend		2 / /3 / 10	220 to /2	/ 18 / 1074
that (1) (we) last saw the deceased alive	1 .	/19 70 and the	t In(my) (our) opinio	n death occurred on the date
and hour and from the causes stated above	re. (1) (We) (did) (did not) vi	ew the body after death.		
23A. SIGNATURE	0 4		23	B, DATE SIGNED
a George oth	Olicas MD Affer Phys.	ding Med. S	haff hys.	12/18/10
23C.PHYSICIAN'S NAME (Type)		3D. ADDRESS	Wall 1-1	8) Manuelan ?
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CRES	MATORY 24D, LO	CATION (Gilv.)	lowis, or county! (Stole)
Sur 19 12 23 170	Balt Natil	Cem Ba) -	Ha
	ME OF REGISTRAR	25C, FUNERAL DIRECTOR	· Pu	ADDRESS
DECKI 1970 Page	200	- Moreton & Da	ett F.H. 170,	1 LAURENS St.
VS 150-REV. 1/1/68	Catalog ACD	J		

Brigary John

Lutheran Hospilat of Marghet

FUNERAL DIRECTOR: IMPORTANT

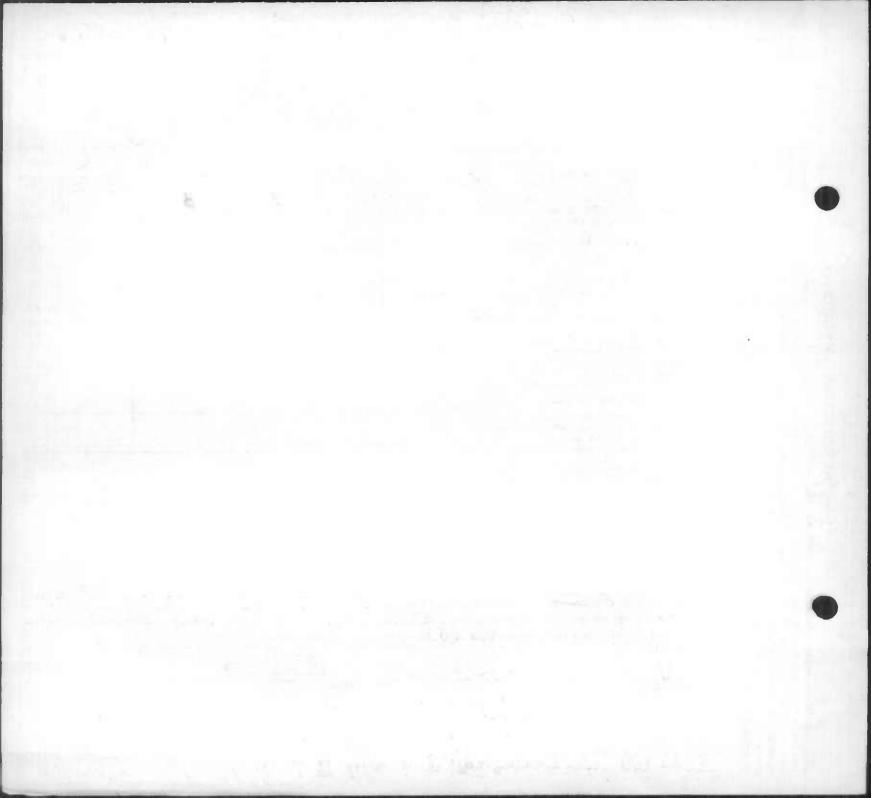
1	L-200 70 12396 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 70 12396
and sed the the	BIRTH NO.
of death of death Deceased e on the	(Type or Print) ANDREW LEAK . W. 2. DATE AND HOUR OF DEATH 12/17/70 1 3:50 P.
Dec of ath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 14. USUAL RESIDENCE (Where decreased lived. If institution, residence before admirising
000	A, STATE B. COUNTY
T 20 0	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIMITS?
15.00	BALTO YES NOT
d ing	E. STREET AND NUMBER
d ar	501 NORMANDY AVENUE
rit min goll sed	6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lift Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
con	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTR
inde	Laborer Beth- Steel Wadesboro, N.C. U.S.A.
was was was posit	13. FATHER'S NAME
F 2 N	William Leak Hope leak
stant ind; eath e on	5. Was Deceased Ever in U. S. Armed Farces? Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.
the the de de nice	No. 220-03-4066 Hrs. Grace Leak SUI Normande A
14 70 0 L	18. CAUSE OF DEATH APPROXIMATE INTERVAL
E 0 - E 0 D	DISEASE OR CONDITION DIRECTLY CEREBRO VASCULAR BETWEEN ONSET AND DEAT
Als hound	LEADING TO DEATH This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE ACCIDENT
ctur.	heart foilure, asthenia, etc. It means the disease,
fra o o m	ANTECEDENT CAUSES CEREBRAL HAEMORRHAGE
A A A A A A A A A A A A A A A A A A A	DISEASES OR CONDITIONS, II any, giving DUE TO, OR AS A CONSEQUENCE OF:
3 (3) E	INDUSTRIAL CONTRACTOR AND STORING THE STOR
ical ns; cia as	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
nedica edica burns hysici n was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DIABETES, PNEL MONITIS ASPRATION'
FYGEO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A). 198-DATE OF OPERATION 198- CONDITION FOR WHICH OPERATION 120A, AUTOPSY? (Xee of No.) 20B, IF YES, WEBE FINDINGS, CONSIDERED.
chie Bod the ysic	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (See of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF home, foctory, street office bidg., INJURY OCCUR?
2000	21D-TIME (Month) (Day) (Yeorl (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
hos nati	(APPROX.) While At No! While Work At Work
S S X E 4	22. 1 certify that (1) (this haspital) attended the deceased from 11/29/70 19 to 12/17 1970
app to the fan fan o e o	that (i) (we) last saw the deceased alive an 12/17 19 0 and that in (my) (our) apinion death accurred an the dat
0 0 7 -	and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.
dent o	23A. SIGNATURE 23B. DATE SIGNED
must eleas ccide a hos to do	George Thomas OEGREE Phys. Med. Staff 12/17/70
was r An a brior	23C. PHYSICIANS (NAME Stype) GEORGE THIOMAS: 23D. ADDRESS
	DEGREE DEGREE
	REMOVAL (Specify)
" > " o +	25A. DATE REC'D BY HEALTH DEPT. 25B. HAMBOF REGISTRAS 25C. FUNERAL DIRECTOR ADDRESS
This the bashow was dece writt	DEC 21 1970 Robert 258. MAMOOF REGISTRAS 25C. FUNERAL DIRECTOR ADDRESS STORY OF A LOCAL STORY OF THE LOCAL S
	(5 150-REV. 1/1/68



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	DRE CITY HEALTH DEPARTMENT REG. NO. 20 12397
BIRTH NO. CERT	IFICATE OF DEATH REG. NO. 10000
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) Moore, Charles	NMN 12/20/70 111:45 am
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTION GIVE ST	4. USUAL RESIDENCE IWhere deceased lived. If institution: residence before admission and the country May 4/ and 7
HOSPITAL OR ADDRESS OR LOCATION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
44 Union Memorial Hosp	E. STREET AND NUMBER
	622 Willow Avenue
5. SEX 6. RACE 7. MARRIED PNEVER MARIED DIVOR	Months! Doys ! Hours! Min.
IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR II	NDUSTRY 11. BIRTHPLACE (State of loreign country) 12. CITIZEN OF WHAT COUNTRY
Charfery	Vivginia Franklin USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Tony moore	Birdie
15. Was Deceased Ever in U. S. Armed Forces? (Yos, no or unknown) Uf yos, give wor at dotes of service) 16. SOCIAL SECURITY N	17. INFORMANT ADDRESS
No. 231-14-2	(1-1-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
29///	F DEATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	metastatic Carler BETWEEN ONSET AND DEATH
LEADING TO DEATH	DIATE CAUSE
(This does not meon the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease, injury or complication which caused death.)	O, OR AS A CONSEQUENCE OF:
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE TO	O, OR AS A CONSEQUENCE OF:
nise to the above cause (A) stoling the UNDERLYING CONDITION last. (C)	
II II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19A-DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED	
19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED	ON 20A. AUTOPSY? (Yos or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 1	
OR CONTRIBUTING CAUSE OF home, form, foctory, otc.)	RY (e.g., in or obout 21 C. WHERE DID (If In Boltimore City, give exect location) street, allico bidg., INJURY OCCUR?
OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCUP	RED 21F. HOW DID INJURY OCCUR?
< (APPROX)	Not While At Work
22. I certify that (1) (this haspiter) ottended the deceased fro	
that (1) (w) last saw the deceased office an 12/2	-D 19 70 and that in (my) (607) opinion death accurred an the date
and haur and from the causes stated obove. (1) (1) (d)	
23A. SIGNATURE	23B, DATE SIGNED ,
If Earl Cotma, M.D.	Attending Med. Stoff Phys. Phys. Director Phys. 12/20/70
23C. PHYSICIAN'S NAME (Type) // FOR I	23D. ADDRESS
H. EAKL WIMAN,	Mil. Union Memorial Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	Y or CREMATORY 24D, LOCATION (City, town, or county) (Stole)
25A DATE RED EX HEALTH DENS. 256 NAME OF REGISTRAR	125C. FUNERAL DIRECTOR ADDRESS
DEC 21 19/0 Valent E. Markey May 0	2 Horfin & DaeHF. H- 1701 Layeers St.
VS 150-REV. 1/1/68	

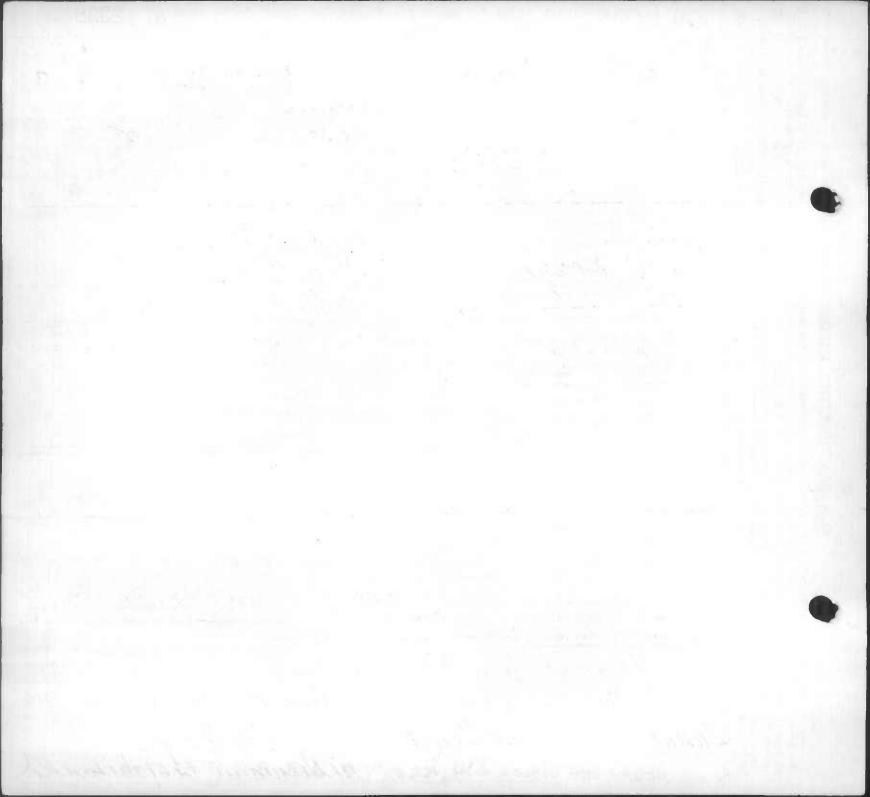


BALTIM	ORE CITY	HEALTH	DEPARTMENT

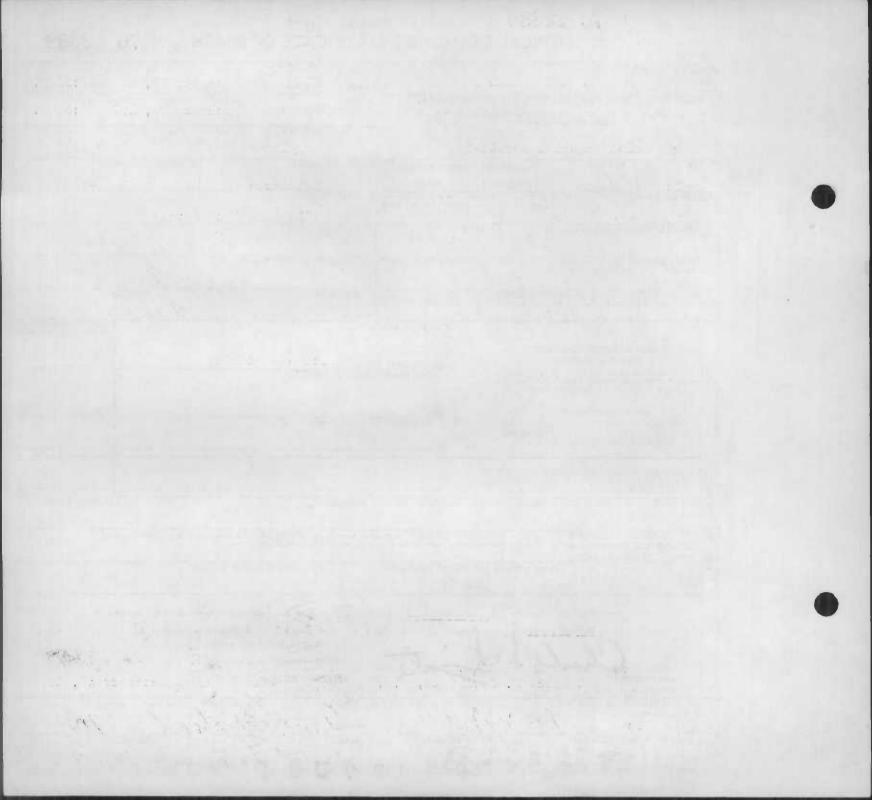
CEDTICIC	ATE	OF	DEA	201.1
CERTIFIC	AIL		DEA	TH

		70	1	23	38
EG.	NO.				

BIRTH NO. CERTIFICA	TE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Arinur Rouzee	Dec 13 1970 1 9 4
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence below admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland 1741
HOSPITAL OR ADDRESS OR LOCATION	C. CITY OR TOWN D. INSIDE CITY EIMILS?
and that similar	Baltimore YES P NO
9) 4613 Park Heights Ave	E. STREET AND NUMBER
5. SEX 16. PACE 17. MARKET 17. MA	15100 Pembroke Hue
Male 6. RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (Stole of loreign country) 12, CITIZEN OF WHAT COUNTRY?
done during most of working life, even it retired)	Lakeal = 1-11
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME ()
Maria Roser	Mother's Malben Name
15. Wos Deceased Ever in U. S. Armed Parces? 16. SOCIAL	may C Fisher
(Yes, no or unknown) (If yes, give wer of dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANY ADDRESS
074-09-6793	Wife Jame
18. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH LEADING TO DEATH	oma i laphogus
(A) IMMEDIATE CAU	SE G / N
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:
ANTECEDENT CAUSES	no
	A CONSEQUENCE OF:
I was to the above capacity stating the	A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	/ y
Z OTHER SIGNIFICANT CONFIDENCE CONTRIBUTIONS	Amo
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	
	20A. AUTOPSY? (Yes or No.) 20B. (F YES, WERE FINDINGS CONSIDERED
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
OP CONTRIBUTANCE CALLET	or obout 21 C. WHERE DID (If In Boltimore City, give exact location)
DEATH (notify medical examiner)	NOON OCCUR:
OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not While At Work At Work	
22, I certify that (I) (this hospital) attended the deceased from	Car 1 1070 . A 1 13 10
that (1) (we) last saw the deceased alive an Die 13	1970 and that in (my) form) an internal and the second as the second
	and the state of t
and haur and fram the causes stated abave, (i) (We) (did) (did not) vi	
I have I has A.P Atter	nding Med. Shaff
23C. PHYSICIAN'S DEGREE Phys.	3D. ADDRESS
MANUEL LEVIN M.D	6101 PARK HOTS AUE BALTO MO 2/215
244 BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREI	MATORY 24D. LOCATION (City, town, or county) (Stote)
Ourial Ville Villing	Balleding
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FISHERAL DIRECTOR // ADDRESS
DFC 21 1970 Paber E. Jaker Ka 1	MI SUBURIUM 6067 Hustord Red
VS 150-REV, 1/1/68	and the state of t



70 12399 BALTIMORE CITY HE	EALTH DEPARTMENT				
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70 12399				
BIRTH NO.					
I. NAME OF DECEASED (Type or Print) JONAH OAKLEY	OF DEATH Estimated December 17, 1970 4:35 P. M.				
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD December 17, 1970 4:35 P.				
OR INSTITUTION	S. USUAL RESIDENCE (Where deceased lived, # Institution; residence before admission) A. STATE B. COUNTY				
Union Memorial Hospital	Maryland				
6. SEX 7. RACE 8. MARRIED NEVER MARRIED					
Male Negro WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (In years # Under 1 Yr. II Under 24 Hrs.	Baltimore YES X NO				
7-15-12 last birthday) Months, Days, Hours, Min.	1526 East 28th Street				
11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF	13. FATHER'S NAME				
n. Carolinu (WHAT COUNTRY?	James Jakley				
4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME				
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18/NFORMANT ADDRESS				
(Yes, no ar unknown) (If yes, give wor or date) of service) SECURITY NO.	11 - 5199 Lyata St				
W9. CAUSE OF DE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY	DELIVER OF OCE AND DEATH				
LEADING TO DEATH (A)IMMEDIATE	CAUSE Carcinoma of lung				
(This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It means the disease, injury ar complication which caused death.)	AS A CONSEQUENCE OF:				
injury or complication which caused death.)					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE TO, OR	AS A CONSEQUENCE OF:				
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
O (d					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
DISEASE OR CONDITION GIVEN IN PART 1 (A).					
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21. AUTOPSY? (Yes or No.)				
	, In ar about 22C. WHERE DID (il in Baltimore City, give exect location)				
UNDERLYING OR CONTRIB- home, form, factory, street, off	ce bldg., etc.) INJURY OCCUR?				
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?				
OF INJURY (APPROX.) MHILE AT NO MORK AT	T WHILE WORK				
23. I certify that I held an Inquiry Inspection X A					
resulted from: Natural causes Academt Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER					
SIGNATURE CLUB J. S. T.M.	ASSISTANT MEDICAL EXAMINER X				
EXAMINER'S Charles S. Springate, M.D.					
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY					
REMOVAL (Specify) 12-22-70 Just 1. P.	us Com Startant md.				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS				
DEC 21 1000 QQ BE J. Q. R.B.	Elist Lyma, A None 1/X A Cardin H				
VS 151-REV. 1/1/68	2. 030000 1000000000000000000000000000000				

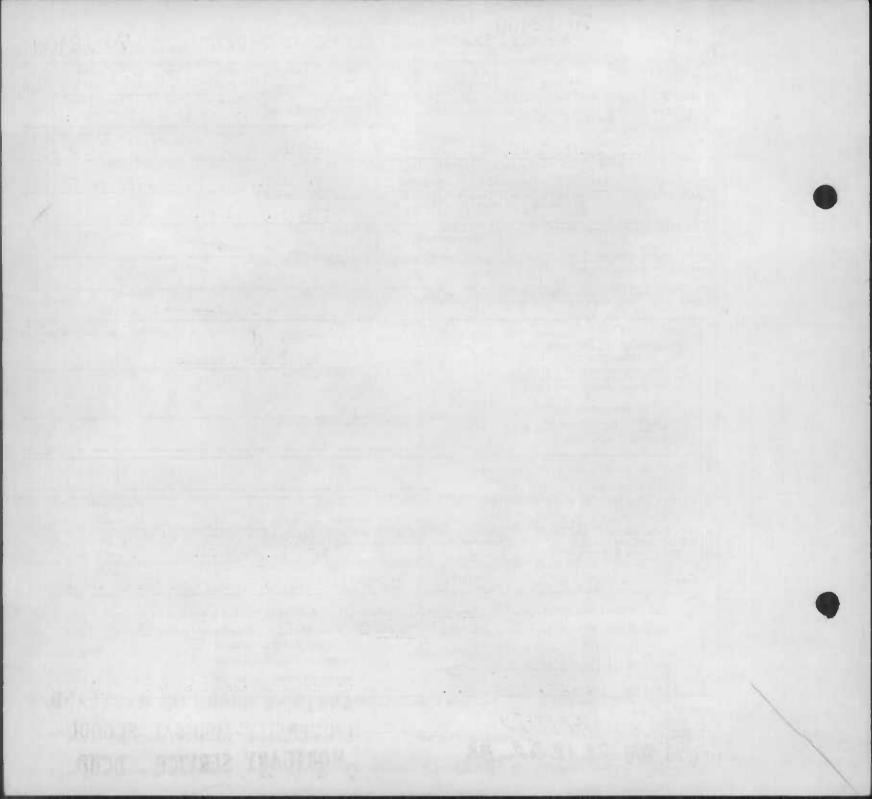


I certify that I held on Inquiry Inspection Autopsy and that on this basis, death in my opinion resulted from: Notural couses Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D. Deputy Chief Medical Examiner 12/15/70

24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATON OF THE AUTOMATON ACTUARY SERVICE BCHD

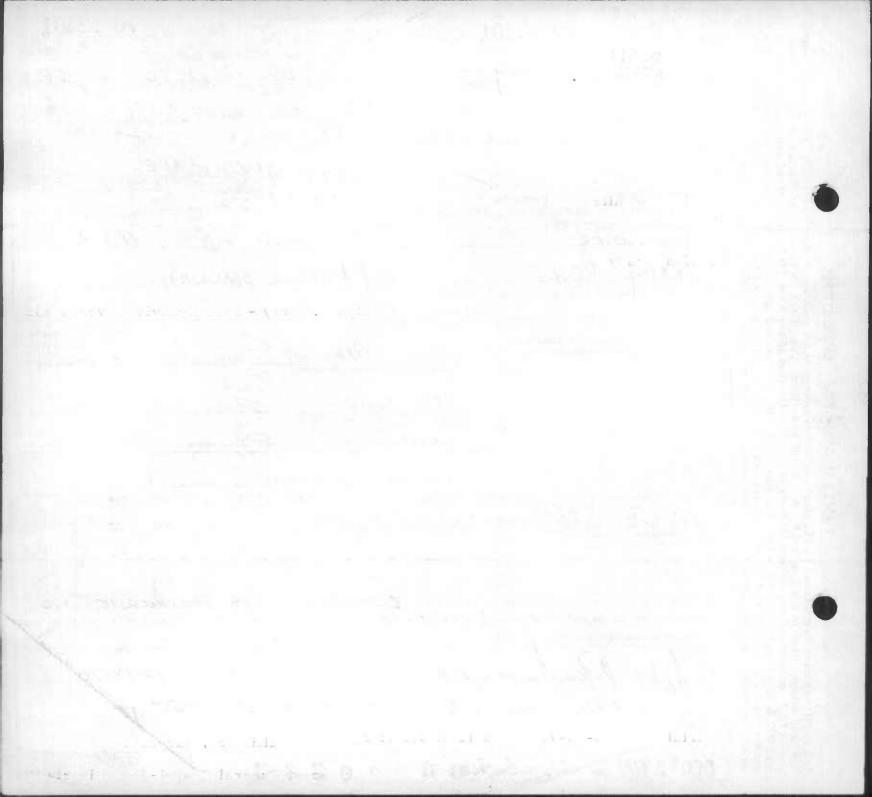
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

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d to the hospital by a medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death tof any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased tal (except where the physician who pronounced death was in regular attendance on the th); and (6) No physician was in regular attendance on the deceased prior to death. Such the obtained before the remains are embalmed or final disposition is made.	3.	PL
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a approved by the chief medical examiner or his assistant if death occurre I to the hospital by a medical examiner. Also, if the direct or contributed any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined and (except where the physician who pronounced death was in regularith; and (6) No physician was in regular attendance on the deceased public be obtained before the remains are embalmed or final disposition is made		D ri: U
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S P P B	24A	- 1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	F	31
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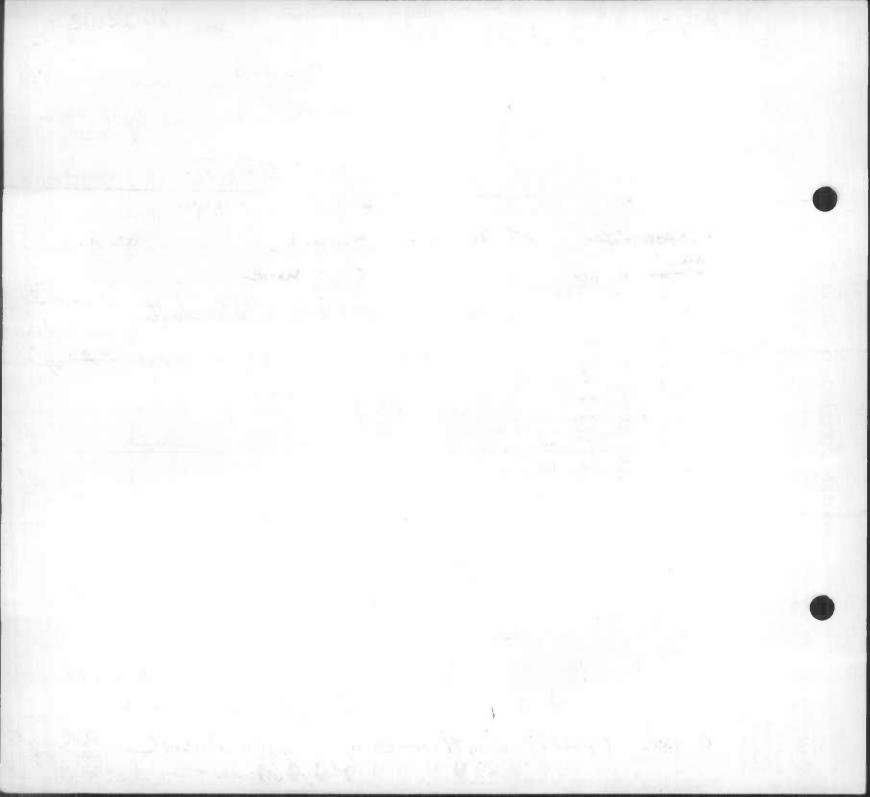
	BALTIMORE CITY	HEALTH DEPARTMENT		to a table
-600 70 12401		TE OF DEATH	REG. NO.	70 12401
1. NAME OF DESCRIPS		2. DATE AND	HOUR OF DEATH	
XXXXXXX T TERRY		DEC.	18,1970	1 2 :000 DM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONDUM	CED DEAD	A. STATE B. COUNTY	eceased fived. It institution	: rosidence belore admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)		C. CITY OR TOWN	MORE CIT	4 83/
GRONTH CHARLES GEN	. Hosp.	BALTIMOR E. STREET AND NUMBER	YES [NO
		1 5444 LYUI	115WAVE	
	NEVER MARRIED	B. DATE OF BIRTH / 19. /		der 1 Yr. If Under 24 Hrs.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF 8	DIVORCED	11 BIDTUBLACE (Sub-	5-2	
done during mast of working life, even if retired	OSHAESS OF HADOSIKI	11. BIRTHPLACE (State or lereign	country) 12. C	TIZEN OF WHAT COUNTRY?
HOUSEWIFE .		BALTIMORG 14. MOTHER'S MAIDEN NAME	MA	U.S.A.
Woodfen Grady		14. MOTHER'S MAIDEN NAME		
EXXXXX ROWE		FRORENCE I	20 MININA.	
	6. SOCIAL	17. INFORMANT	MOUND.	ADDRESS
	SECURITY NO.	Dalul D M	E 4 4 4 *	11.15
NO 1	CAUSE OF DEAT	Ralph B. Terry -	5444 Lynnvie	AVENUE #15
DISEASE OR CONDITION DIRECTLY	CHOOL OF DEAT			BETWEEN ONSET AND DEATH
LEADING TO DEATH		ice aldominal Co.	. / . '	10
(This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It means the disease,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	CHELLES COSCA	to great as
injury or complication which coused death.)				
ANTECEDENT CAUSES	(B) CA C	ervis.		2 years
DISEASES OR CONDITIONS, if any, giving	DISEASES OR CONDITIONS, if any, giving dise to the above cause (A) stoling the			
UNDERLYING CONDITION last	UNDERLYING CONDITION last. (C)			
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	11.5	I defined to line		
I DISEASE OR CONDITION GIVEN IN PART 1 (A)	IDTESTILIA	1 OBSTRUCTION		***************************************
19A. DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED	ICH OPERATION	20A. AUTOPSY? (Yas at Na) 20	B. IF YES, WERE FINDING	S CONSIDERED
= 10-29-10 INTESTIUAL	Obstructi	ON YEC	CERTIFIEND CAUSES OF	PEAIR
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	ACE OF INJURY (e.g., i form, foctory, street, of	n ar about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(li in Baltimore City, g	tive exact lacation)
O 21D. TIME (Month) (Dov) (Year) (Hour) (21E IN	JURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
OF INJURY (APPROX.) While			OCCOR	
Work	At Work			
22. I certify that (I) (this hospital) attended the			to DECEMBE	
that (1) (we) lost sow the deceased alive on	DECEMBER)	19.70 ond that I	n (my) (aur) opinian de	ath accurred on the date
ond hour and from the causes stated above. (1) (We) (did) (did not) v	lew the body after deoth.		
23A. SIGNATURE			/ 23B, D/	ATE SIGNED
Ablus I land view	Atte	nding Med. Staff		-18-70
23C. PHYSICIANS NAME (Type)		23D. ADDRESS	// #	10 10
11/2000 / 10 / 10 / 10 / 10 / 10 / 10 /	L A		e ilvo	4
24A. BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specily)	E of CEMETERY OF CRE	NORTH CHARLE MAYORY 24D. LOCA	, , , ,	gr couply) (See)
Burial 12-22-70 Woo	dlawn Ceme	town		
		Darell	more, Marylai	
		25C. FUNERAL DIRECTOR		ADDRESS
DECZZ BIJ Classes & Jaskey	(0)	Afmagost Fune	ral Chapel-4	600 Liberty Hts
VS 150-REV. 1/1/68				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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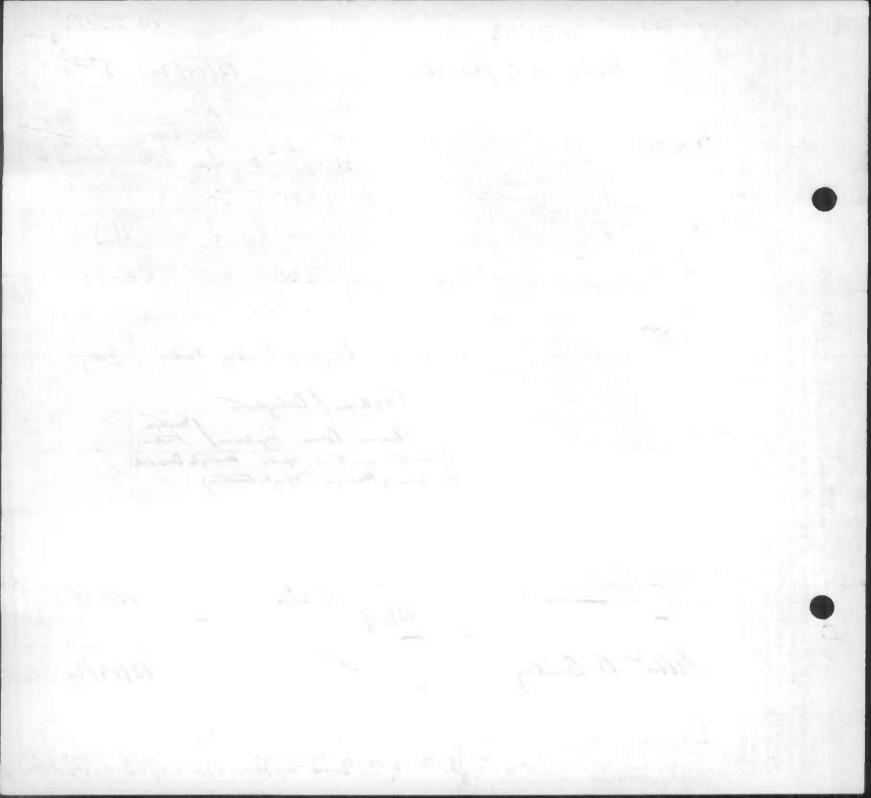
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11/	ろしくかり				HEALTH DEPARTMENT	7	12402
	J-766	70	1240	CERTIFICA	TE OF DEATH	REG. NO.	2.0300
	RTH NO.		76 CV	CLICITICA	TE OF DEATH		
	ypa or Print)	EASED			2. DATE AND F	OUR OF DEATH	
	Blan	chell, Bauli	200		12-14-70)	1 45.
3.	PLACE IN BAL	TIMORE MARYLAND, W	HERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Where de	eceased lived. If inst	itution: residence before admission)
F	ULL NAME OF	WE NOT IN MOSPILE	AL OR INIST	7117 011 01117 01117			2110
H	OSPITAL OR	ADDRESS OR LOCA	ATION)	TUTION, GIVE STREET	C. CITY OR TOWN		1101
11"	2// 3	on Sceour Ho	LATIGE				E CITY LIMITS?
	57		0		Bullimore		YES X NO .
					E. STREET AND NUMBER	-	
					14065. BORGIOI	20151.	
5.	SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9. A	GE (In years birthday)	If Under 1 Yr Il Under 24 Hrs. Months: Doys Hours Min.
	F	W	WIDOWEL		6-24-28	10 1.51	Min.
10	A. USUAL OCCL	JPATION (Give kind of wark	108, KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign of	ountry O	12. CITIZEN OF WHAT COUNTRY?
do	ne during most of v	working life, even il retired)	· L	010			The state of the s
1	FATHER'S NAM	will	an	At our	Maryland		U.S.A.
13	Albert	AE F			14. MOTHER'S MAIDEN NAME		
	DISCHI	- W. 11.			(0)		
15.	Wos Deceased	Ever in U. S. Armed For	ces?	16. SOCIAL	Clara Haree		
(Ye	s, no or unknown)	(If yes, give wor or date	s of service)	SECURITY NO.	INFORMANT	0 1	ADDRESS
	No	10		MAKNOURA	word anthung	RU- alent	4-000
	18.	1 9 12		CAUSE OF DEATH	A STATE OF A	LXAMENUM	APPROXIMATE INTERVAL
	DISEAS	E OR CONDITION DI	ECTIV				BETWEEN ONSET AND DEATH
		LEADING TO DEATH	LC ILI		7. 1	1.1	- 1/
	(This does no	of mean the mode at	dying, e.a.	(A) IMMEDIATE CAU	SE INTOLULIATAL	Remorn	age Laay
	heart foilure,	asthenia, elc. Il means	the disease	, DUE TO, OK AS I			
11		plicotion which caused	death.)		(not prou	cut)	
	A	INTECEDENT CAUSES		(0) à 14 x	of useadashia	ba 6 m	routh
	DISEASES O	R CONDITIONS, II	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	rise lo lho	obove cause (A) CONDITION last.	stating the		· ·	/	
	UNDERLING	CONDITION last,		(C)			
-		11					
TION	OTHER SIGNIFI	CANT CONDITIONS COL	VIRIBUTING				
III ⋖€	DISEASE OR CO	ONDITION GIVEN IN PART	[] (A).	*****************	***************************	*************	
ERTIFIC	19A. DATE OF	OPERATION 198, CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20	B. IF YES, WERE FIN	DINGS CONSIDERED
FE	0	WAS FERE	OKMED		No - no reunin	CERTIFTING CAUS	ES OF DEATH?
Ü	21A. ACCIDEN	T WAS UNDERLYING	211	RPLACE OF INJURY (e.g., In	or about 21C. WHERE DID		City, give exact location)
A	TOK CONTRIBU	TING CAUSE OF	har	no, lorm, loctory, street, off	ice bldg., INJURY OCCUR?	in the position of a	my, give exact location;
U							
LED!	OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
1	(APPROX.)		Wi	nile At Not While			
	22 1	1 (1) (1)					
		that (1) (this hospital)			2 - 17 19 7	0 to 12	- 19 19 70
	that (I) (we)	last saw the decease	d alive an	12-19	19 7 Co and that In	(my) (aur) apinio	in death accurred on the date
	and haur and	from the causes state	ed ahave. (1) (Wa) (did) (did age) ul	ew the bady after death,		
	23A. SIGNATUR	RE		., () (ata) (ata ilat) 41	ew the bady after death,		
	4	The Vorce	cohse	mp Atten	ding Med. Staff		BR DATE SIGNED
	1	-	consc	OEGREE Phys.		14.1	12/20/70
	23C. PHYSICIAN NAME (Ty	4 S			3D. ADDRESS		
	JANY		RAKSA	m.D	R	- 21	. h-
24/	- BURIAL CREA		,	DEGREE	Non Also	WY MI	0-010
	REMOVAL (S	pecify)	24C.N	AME OF CEMETERY OF CREA	MATORY 24D. LOCAT	ION (City,	town, or county) (Stote)
-	Durial	1 12/23/1	70 970	and Hannik	2000	8	1 mas
25/	DATE REC'D	BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25G/ PUNERAL DIRECTOR	- win	D ADDRESS 900
	62 19	MI GBEBE J	2 R2 8	ZaYI B O	1 /2/2 /2 /21		1 4/00
1	40 000		and the same	Market Street	1 7000 10 land	UN T JON	Janes Hollens



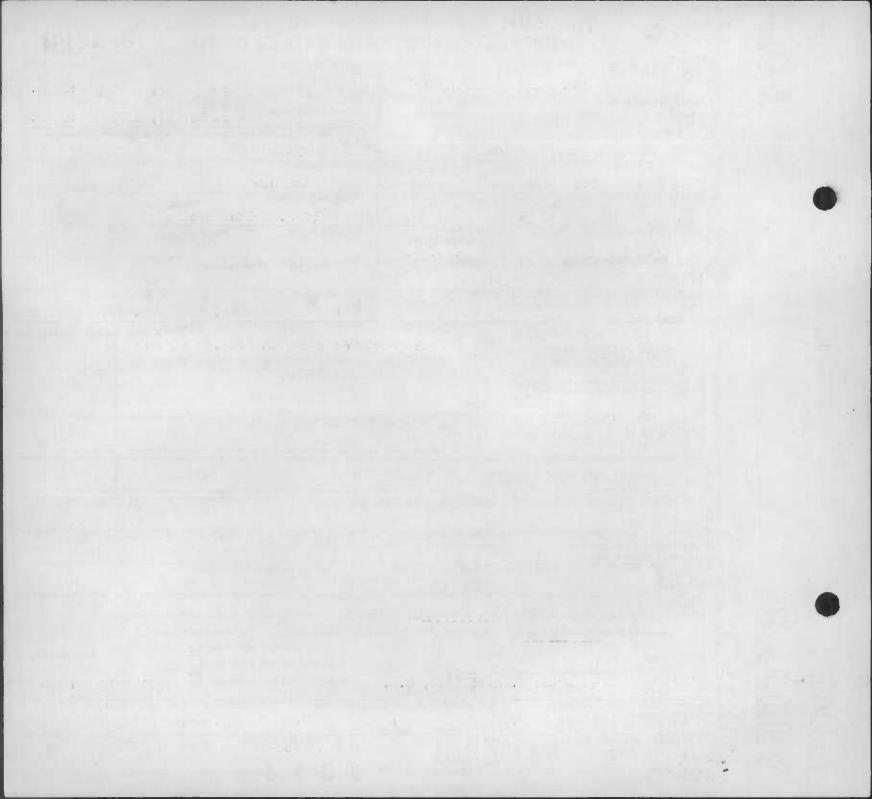
FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

4-525	BALTIMORE CITY	HEALTH DEPARTMENT	7	70 12403
BIRTH NO. 70 12403	CERTIFICA	TE OF DEATH	REG. NO	10 Tro-2000
T. NAME OF DECEASED	11	2. DATE A	NO HOUR OF DEATH	~ B
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	TANSON	14. USUAL RESIDENCE (Wh.	12/19/	Do Destitution: residence before admission)
		A. STATE B. COU	NTY RIC	sillution: testoence before admission/
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION	TION, GIVE STREET	C, CITY OR TOWN	WALYS	IDE CITY LIMITS?
On House of Pine,		(ARHU)		YES NO A
70 Betain R	20	E. STREET AND NUMBER	The Are	
5. SEX 6. RACE 7. MARRIED WIDOWED F	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Il Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION Give kind of work 108, KIND OF		11. BIRTHPUACE (State or lon	eight country!	12, CITIZEN OF WHAT COUNTRY
done alying most of working life, even it retired)	YAK	MARY	LAND	251
13. FATHER'S NAME	1/	14. MOTHER'S MAIDEN NA	ME	D
WILLIAM . RUSS	ell	Hz Nes		Seck
15. Woo Deceosod Ever in U. S. Armed Forces? (Yes, no or unknown) Ul yos, give wor ar doles at service)	SECURITY NO.	17. INFORMANY	0	ADDRESS A
18.	CAUSE OF DEATH	1 PINCT PE ARI	Y Myman	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		p. 11		BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	SE Supher S	melly Take	- 2 digs
heart failure, asthenia, etc. It means the disease, injury at complication which caused death.)		,		
ANTECEDENT CAUSES	(B) Ca	chopie / Dehys	Lutin	5-15-4
DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the	DUE TO, OR AS	A CONSEQUENCE OF:	1my	lyiz.
UNDERLYING CONDITION last.	(c) Chr	mi Brui dy	salvered St	Them.
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Ricamo C	Trut Spoke	mallyte De	relit
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].	Claren;	Multiple Thymis C	vatorting !	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1985. CONDITION FOR W WAS PERFORMED	HICH OPERATION	20A. AUTOPSY? (Yes or N	ON CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF	LACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(II In Boltimor	e City, give exect location)
DEATH (notily medical examine)	toning toology should of	interpretation occor.		
S OF INJURY	INJURY OCCURRED	21 F. HOW DID IN.	JURY OCCUR?	
(APPROX.) Work	At Work	0 1 1		1
22. I certify that (1) (ship hespitel) attended the	deceased from	6//2/2	.19ta	12/1/19/0
that (i) (we) last saw the deceased alive an	(W) (10 10 10 10 10 10 10 10 10 10 10 10 10 1			nian death accurred an the date
and haur and fram the causes stated abave. (1)	(Me) (did) (didenal) v	ew the bady after death.		23 B, DATE SIGNED
Albert B Brusley	Dham	Med.	Staff Phys.	12/16/2
23C. PHYSICIAN'S NAME (Typol	BCOREE	3D. ADDRESS	rnys. —	10/11/18
24A-PURIAL CREMATION, 248, DATE 24C, NA	DEGREE			
124A-PURIAL CREMATION, 24B. DATE 24C. NAI	ME OF CEMETERY OF CHE	MATORY 24D. L	OCATION R	ly town, or county! (Stoto)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	men 25C FUNERAL DIRECTOR	WAL	ADDRESS
DEC 22 1000 Q 4 48 2 7	0.00	2 Chast to En	MAN + Son	8802 Har Ford Rel
VS -150-REV. 17/68	作员			1/110.00



FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION			December 17, 1	1111			
OK		hns Hopkins	Hospita	1	A. STATE Maryland	B. COUNTY	residence before odmission)
6.	SEX	7. RACE		NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CIT	Y LIMITS?
	Male	White	WIDOWED		Baltimore	YES	No 🗆
9.	DATE OF BIRTH	H 10. AGE	(in years If t	Inder 1 Yr. It Under 24 Hrs. hths : Doys : Hours : Min.	E. STREET AND NUMBER		
Ma	rch 13,		73		532 S. Ful	ton Avenue	
11.		tote or foreign country Virginia	12.	CITIZEN OF WHAT COUNTRY? U. S. A.	13. FATHER'S NAME David Rob	inson	
don	UNKNOWN	PATION (Give kind of w vorking life, even if retin	un un		15. MOTHER'S MAIDEN NAM unknown	E	
16. (Ye	WAS DECEAS	ED EVER IN U.S. ARA	AED FORCES? les of service)	17. SOCIAL SECURITY NO. UNKNOWN	IB. INFORMANT		DRESS
	lis.	111		CAUSE OF DEAT	James Funeral H	iome. Logan, w	APPROXIMATE INTERVAL
	7	1				1 12	BETWEEN ONSET AND DEATH
		E OR CONDITION D		Arterios	clerotic cardiova	scular diseas	e
		LEADING TO DEATH		(A)IMMEDIATE C	S A CONSEQUENCE OF:		
	heart foilure Injury or con	ot meon the mode of , osthenio, etc. It meon nplication which coused	the disease, deoth.)	DUE 10, OK 2	S A CONSEQUENCE ON		
	1A	NTECEDENT CAUSES		(B)			
		OR CONDITIONS, IF ABOVE CAUSE (A)		DUE TO, OR	AS A CONSEQUENCE OF:		
~	UNDERLYIN	NG CONDITION LAS	T.	(c)			
2		ff		(4)			
CERTIFICATION	OTHER SIGN TO THE DEA DISEASE OR	IIFICANT CONDITIONS ATH BUT NOT RELATED CONDITION GIVEN I	TO THE TERMINA	2			
ERTI	20A. DATE OF			WHICH OPERATION WA	S PERFORMED		21. AUTOPSY? (Yes or No)
	3. 7.						No
MEDICAL	UNDERLYING	NAL CAUSE WAS OF CONTRIB- USE OF DEATH.	228 hom	PLACE OF INJURY (e.g., ne, farm, factory, street, office	in or about 22C. WHERE DID (I bldg., etc.) INJURY OCCUR?	in Boltimore City, give exact	location)
X	22D. TIME OF INJURY		Year) (Hour)	22E.INJURY OCCURRED	22F. HOW DID INJ	URY OCCUR?	
	(APPROX.)		m.	WHILE AT WORK AT W	WHILE ORK		
	23.						
	I cert	Ify that I held on	Inquiry	Inspection X Au	opsy ond that on thi	is basis, death in my o	pinion
	resul	ted from: Natural	couses 💟	Accident D Suicid	e Homicide U	Indetermined manner	
	A CTILAL	001	01	1 8 1	CHIEF MEDICAL EX	CAMINER	DATE SIGNED
	SIGNATI		67,0	gal M.D	ASSISTANT MEDICAL EX	CAMINER X	
	EXAMIN NAME (1	ER'S Char	les S. Sp	ringate, M.D.	ASSOCIATE MEDICAL EX	AMINER Dec	ember 18, 1970
24	A. BURIAL CREA	MATION, 248. DAT	E 2	4C. NAME of CEMETERY	or CREMATORY 24D. L	OCATION (City, town,	or county) (State)
RE	Bur ial	12-	20-1970	Highland Mem	orial Gardens Go	odby. W 4 st V	irginia
25	A. DATE REC'D	BY HEALTH DEPT.	258. NAM	E OF REGISTRAR	25C. FUNERAL DIRECTO	Roks Town Ap	OSO York Road
	DEC 22	TOTAL PLAN	88 30	42	Will. COOK-BIC		owson, Maryland 2
VS	151-REV. 1/1/68	8			9000		1/
	V						



This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

-11			1 o riv		
	+ - 121-	Y HEALTH DEPARTMENT / 70 12	405		
	# 236 70 12405 CERTIFICA	ATE OF DEATH REG. NO.			
	1. NAME OF DECEASED				
	(Type or Print) CLARENCE T. FOSTER	2. DATE AND HOUR OF DEATH	1040		
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institutions residence of the state of	A M.		
		a cooking	denca befora admission)		
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Ma. HANC Ayun	ckel		
	MONTEBELLO STATE HOSPITAL	C. CITY OR TOWN D. INSIDE CITY LIMI	123		
	MUNIEDELLO SINIE MOSPITAL	GIPA BRUNIE YEST	NO		
	91	E. STREET AND NUMBER	- 00		
	S. SEX 6. RACE 7. ALARDICO TO ALTONO	101 Nonh DAA lava,	ternoale		
	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under I Months! Do	Yr. Il Under 24 Hrs.		
	MIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED	13-19-14 56			
	dage during most of working life, even if retired)	11. BISTHPLACE (Stale or foreign country) 12. CITIZEN	OF WHAT COUNTRY?		
16	of station delt Employed	MATTHEWS CO. VA-	ISA		
	3. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	/ (
	Voseply Foster	Filma Brownley			
	5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17 111001111111			
119	Yes, no or unknown) (If yes, give war ar doles at service) SECURITY NO.	71 = = 11 -21 1 1	DDRESS		
	995 WW 4 227-01-6041	MIND FSTNEY M. Yester (wife)	Jame		
	CAUSE OF DEATH		APPROXIMATE INTERVAL		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0.11	WEEN ONSE! AND DEATH		
	(This does not mean the made of dving as (A) IMMEDIATE CAU	7	2-10 numete		
	heori failure, asthenia, etc. It means the disease	A CONSEQUENCE OF:			
	injury or complication which caused death.	0	./ -		
	ANTECEDENT CAUSES (B) Hy hu	erlensors - penal	4-5 405.		
	DISEASES OR CONDITIONS, if any, giving ise to the abave cause (Al stating the	A CONSEQUENCE OF:			
	UNDERLYING CONDITION last. (C)				
1					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Leatel Income			
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	January and cert			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING TO 1218 PLACE OF ANURY (S. P. L.)	20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CO	NSIDERED		
		IN CERTIFYING CAUSES OF DEA	.тн7		
11	OR CONTRIBUTING! CAUSE OF	n or about 21 C. WHERE DID (If in Boltimore City, give ex-	oct location)		
11 (DEATH (nonly medical examiner) etc.)	The stage of the s			
	21D. TIME (Month) (Doy) IYeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
3	(APPROX)				
	Work Al Work				
	22. I certify that (I) (this hospital) attended the deceased from	16-8-10 1970 to 12-19	19 70		
1	that (1) (we) lost saw the deceased office on 12-19		ccurred on the dote		
and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death.					
	23A. SIGNATURE	238, DATE St	GNED		
	Atter Heliciano M. Drosse Phys.	nding Med. Staff Phys.	19-71		
		23D. ADDRESS	. / / / /		
	HECTOR L. FELICIAND MA	M.5. H.			
2	AA. BURIAL CREMATION, 248, DATE 24C. NAME OF CREEKERY OF CREEK				
	But a la l	MATORY 24D. LOCATION (City, town, or con	unity) (Stole)		
2	SA. DATE REC'D BY HEALTH DEPT. 125B, NAME OF REGISTRAR	em IAIL OPEN LESINIE,	all,		
1	CO 20 1000 Q Q Q P Z Q CAN CO	25C. FUNERAL DIRECTOR ABlinson	ADDRESS		
1	5 150-REV. 1/1/68	2 Napleton funeral Home	Butwo Hele!		
W.	100-1010 1/1/00				

AMME Hymoles Gled Reunic Cas Station Self English Matthews Co. 1/4-Joseph Foster Echine Beaumley. to war I so the the testing the finds -Certical Istrolio Chri Haver Man last The Terror

This corrificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-5/2 70 3	LANGUU UUNA	HEALTH DEPARTMENT	70 12406			
BIRTH NO.	CERTIFICA	TE OF DEATH REG. N	0			
I. NAME OF DECEASED		2. DATE AND HOUR OF D	EATH			
COMBS, WILSON RI	LEY	DECEMBER 17	.1970 10:40 P.M.			
3. PLACE IN BALTIMORE, MARYLAND, 1	WHERE PRONOUNCED DEAD	A. STATE B. COUNTY	d If institution: residence before admission)			
HOSPITAL OR ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET		ANNE ARUNDEL COUNT			
INSTITUTION		C. CITY OR TOWN HAR MONS	. INSIDE CITY LIMITS?			
ST AGNES HOSPITA	L	E. STREET AND NUMBER	YES NO X			
40			1077 5200			
S. SEX 6. RACE MALE WHITE	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years) 11 20 16 53	Months Doys Hours Min.			
10A, USUAL OCCUPATION (Give kind of wor	LIOR KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or loreign country)	12. CITIZEN OF WHAT COUNTRY?			
done during most of working life, even it retired)		1/507 1/10011111				
TECHNICIAN 13. FATHER'S NAME		WEST VIRGINIA	USA			
	n = 0 1 =	14. MOTHER'S MAIDEN NAME				
IRA COMBS	DECID	(GRAPES) GERTRUDE	DEC 'D			
15. Was Deceased Ever in U. S. Armed Fo (Yes, no or unknown) (It yes, give war or day YES WW2	es of service) SECURITY NO.	WILKENS & CATON A				
118. // / /	217 10 752 CAUSE OF DEAT	- 1	RECORD S			
DISEASE OR CONDITION DI LEADING TO DEATH (This does not mean the mode of heart loiture, asthenia, etc., it means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TAIL	dying, e.g., the disease, deoth.) any, giving slating the (A) IMMEDIATE CAL DUE TO, OR AS DUE TO, OR AS	va cerebral hymorrhage ise A CONSEQUENCE OF: A CONSEQUENCE OF:	- day			
	RT 1 (A).	120.4	***************************************			
WAS PER	FORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, Y	VERE FINDINGS CONSIDERED CAUSES OF DEATH?			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	218. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID (II In 80 INJURY OCCUR?	lilmore City, give exoct location!			
21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work						
22. I certify that XIX(this hospital) ottended the deceased fram DECEMBER 17, 19 70 to DECEMBER 17, 19 that XIX(this hospital) ottended the deceased fram DECEMBER 17, 19 70 and that in (XXX) (aur) apinian death occurred of and haur and fram the causes stated oboveXXX (We) (did) (didXxXview the bady after death.						
23A. SIGNATURE	100		23B. DATE SIGNED			
23C. PHYSICIAN'S LECYTON MIL	DEGREE Phys	23D. ADDRESS	1/2217176-10			
NAME (Type) JESAJA	ANGS ONDO I, MD	B/-	ALTIMORE MD 21229			
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	NE SO MACE OF CEMETERY OF CRE	ST AGNES HOSPITAL WI	LKENS & CATON AVE (City, town, or county) (Stotel			
Descript 36.05 :	-1970 Shenandoah Mem.	Park Winchester	. Ve			
DEC 2 2 1970 P.C. C.	25b. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	nchester, ya			
/S 150-REV. 1/1/68	The state of the s	CALLA IN-SIMILA COLUCE	Ellicold City, Mr			

THE WEST AFTE .9 20:01 FEEE, TE TORISTIE DOX MINERAL PERSONS IN TAXABLE

hospital and use of death (5) Deceased lance on the Such hospital death. attendance cause 0 canse; prior contributing occurred etermined made in regular deceased Isposition Und SD the 4 leath 0 final attendance O any 10 pronounced of embalmed fracture regular who before the remains are 4 = physician No physician was burns; Body the 8 by 3 where to the hospital any nature; obtained 9 approved (except and eath); must be of hospital he body was released accident 0

prior to

eceased

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at (I) An D.O.A.

Was

This certificate

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND. 4. USUAL RESIDENCE (Where declared lived. II institution: residence beloro A. STATE B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) BALTIMORE C. CITY OR TOWN D. INSIDE CITY LIMITS? NO NOT MERCY HOSPITAL INC. 5. SEX 8. DATE OF 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) If Under 1 Yr. Months! Doys If Under 24 Hrs. WIDOWED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) BALTO, CO. 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMAN 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH APPENDIC. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury or camplication which caused death.) ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last 11 CERTIFICATION HYDERECPHANIS acrision OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 1198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yos or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? (Il In Boltimore City, give exoci location) MEDICAL DEATH (notify medical exomined 21D. TIME (Hous) (Month) (Doy) (Year) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not White While At (APPROX) Work 22. I certify that (1) (this hospital) attended the deceased fram... that (1) (we) last saw the deceased alive on. and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending _ approval 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY

REMOVAL (Specify) SACRED HEART 7401 GERMAN HILL RD, BALTO, CO., MD 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 901 S. CONKLING ST.

The court of the language of t

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-452 70 1240 BIRTH NO.	8 BALTIMORE CITY CERTIFICA	TE OF DEATH	REG. NO	12408		
(Type or Print) WILLIAMS		2. PAE CEMB	ER 16, 1970	11:20A		
3. PLACE IN BALTIMORE MARYLAND, WHERE LIVE AND THE HOSPITAL OF HOSPITAL OF ADDRESS OR LOCATION ST. AGNES H	RINSTITUTION, GIVE STREET 1-7-71	A. STATE B. COUNTY MARYLAND BA C. CITY OR TOWN OWINGS MILLS E. STREET AND NUMBER	LT I MORE	5300		
5. SEX 6. RACE 17. se		605 Hammershire				
FEMALE WHITE WI	ARRIED NEVER MARRIED DIVORCED	08/27/97 lost	XX 73 i	1 Yr. II Under 24 Hrs. Doys Hours Min.		
10A, USUAL OCCUPATION (Give kind of work 10B, done during most of working life, even if reflect) RETAREDX SEMI RETIRED 13- FATHER'S NAME	KIND OF BUSINESS OR INDUSTRY	MARYLAND 14. MOTHER'S MAIDEN NAME		S.A.		
Unknown		Unknown				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor at dates of a NONE	16. SOCIAL SECURITY NO. 212-26-5865	17. INFORMANTMTS. Doris	Simmons, 605	Hammershire R 21117		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, ii ony, isso to the obove cause (A) statis UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A)	giving (E) DUE TO, OR AS (C)	VD. A CONSEQUENCE OF: anteroseptal	Fed			
O DIFERSIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A DISEASE OF OPERATION 198 CONDITION WAS PERFORMED U 21A. A CCIDENT WAS UNDERLYING	FOR WHICH OPERATION	YES 120A AUTOPSY? (Yes of No.) 20B,	IF YES, WERE FINDINGS CO	ONSIDERED ATH?		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	218 PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.)	or obout 21 C. WHERE DID	(If In Boltimare City, give e	xact location)		
OF INJURY (APPROX.) OF INJURY (APPROX.)						
22. I certify that (1) (this hospital) atte that (i) (we) last sow the deceased ali	DECEMBER 16	ond that in(my) (our) apinion death			
and hour and from the causes stated at	ave. (1) (We) (did) (did not) v	iew the bady ofter death.				
23A. SIGNATURE Their Tear	23B, DATE 9	16/70				
PHYSICIAN'S NAME (Type) Chine Hair Isan M. D 230. ADDRESS 230. ADDRESS						
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE		V	county) (State)		
Burial 12-19-1970 25A. DATE REC'D BY HEALTH DEPT. 258.	Meadowridge Ceme	25C. FUNERAL DIRECTOR	ngton Blvd. How	ADDRESS		
DEC 22 1971 64 64 E. Te.	Say RD, U U O	Howard H. Hubbar	d, 4107 Wilkens	Ave. 21229		

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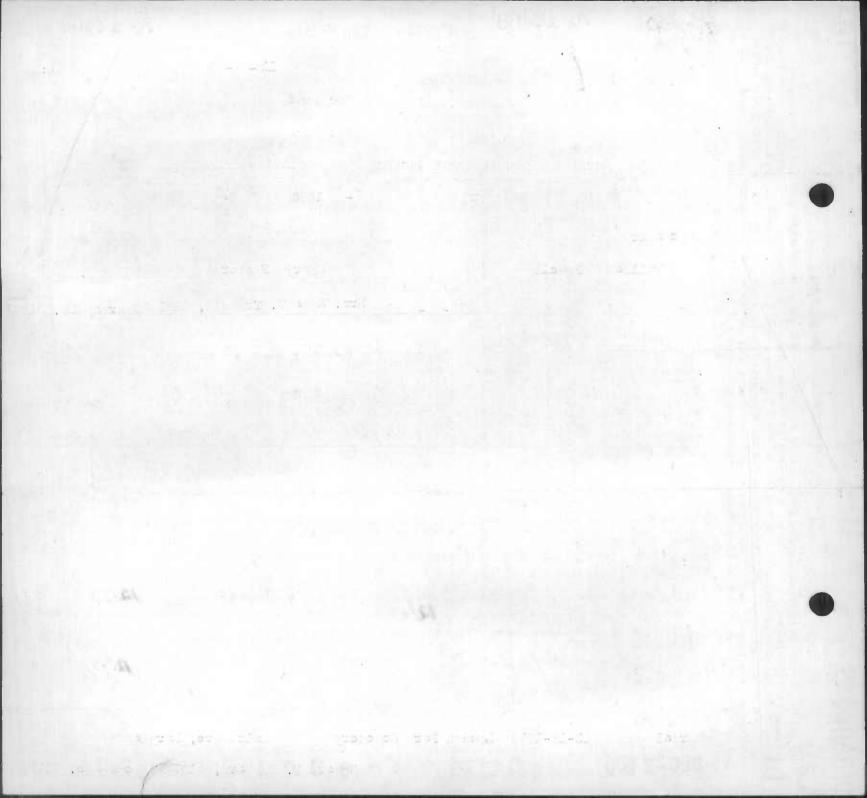
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deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

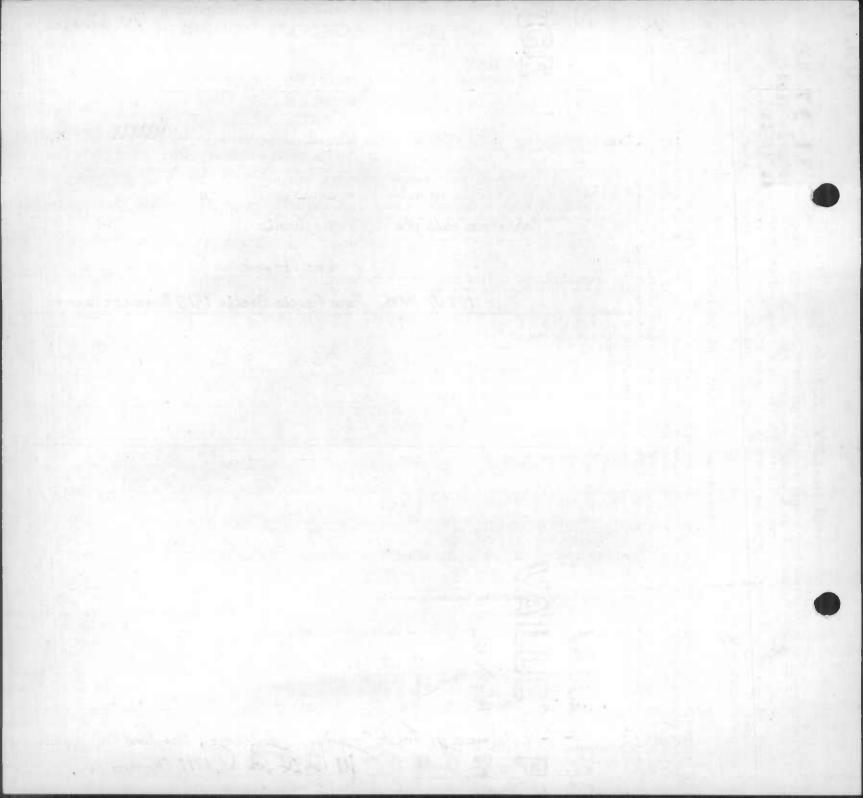
11. 7 20100	BALTIMORE CITY	HEALTH DEPARTMENT					
K-100 70 12409	CERTIFICA	TE OF DEATH REG. NO.	76 12469				
BIRTH NO.	CENTITICA						
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR OF DEATH	A				
Ada Kipe		12_17-70	11:15 M.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If ins. A. STATE B. COUNTY	stitution: residence before admissign)				
FULL NAME OF (IF NOT IN HOSPITAL OR INS	TITUTION CIVE STREET	Manyland Total	5311				
HOSPITAL OR ADDRESS OR LOCATION)	THO HON, GIVE SIKEE	C. CITY OR TOWN D. INSII	DE CITY LIMITS?				
THE STATE HOLD		Baltimore	YES NO NO				
70		E. STREET AND NUMBER					
Bolton Hill Nursing & Conve	Jacont Conton	2601 Northview Drive					
5. SEX 6. RACE 7. MARRI		B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , II Under 24 Hrs.				
Female White WIDOW		8-15-1898	Months Doys Hours Min.				
10A. USUAL OCCUPATION (Give kind of work 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or loreign country)	12. CITIZEN OF WHAT COUNTRY?				
done during most of working life, even if retired)		Maryland	USA				
Homemaker		14. MOTHER'S MAIDEN NAME					
Tarren y Hame							
William Powell		Mary Fisher					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
No	213-54-0210	Mrs. Emma V. Tribull, 1187	Riverbay Rd. 21401				
18.44	CAUSE OF DEAT		APPROXIMATE INTERVAL				
DISEASE OR CONDITION DIRECTLY							
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE Central thinloses	2 y fores				
heart failure, asthenia, etc. It means the disea	This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:						
injury or complication which coused deoth.)	P. P. L. L. L. A.A.						
ANTECEDENT CAUSES	181 arle	regulerthe Eccot dese	one years				
DISEASES OR CONDITIONS, if ony, giv	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise in the above couse (A) slating the						
rise to the above couse (A) stating UNDERLYING CONDITION lost.	1 4 4 1 1 1 4 1 1 1 1						
Z OTHER CONTROL IN CONTROL CONTROL IN	10						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).							
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE F	INDINGS CONSIDERED				
198. CONDITION FOR WAS PERFORMED		IN CERTIFYING CAL	JSES OF DEATH?				
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i home, form, factory, street, o	n or obout 21C. WHERE DID (If in Baltimore ffice bldg., INJURY OCCUR?	Cily, give exact lacation				
	elc.)						
21D.TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
S OF INJURY (APPROX.)	While At Not While						
	Work At Work		10/10				
22. I certify that (I) (this haspital) attende	12/-	2-/5 19 6 to	12/17 19 70				
that (I) (we) last saw the deceased alive of	on 14/17	19 2 ond that In(my) (aur) apir	nian death accurred an the date				
and hour and from the causes stated above	e. (I) (We) (did) (did not) v	view the body after death.					
23A. SIGNATURE							
al mar	DEGREE Phy	nding Med. Staff Phys.	12/18/73				
23C. PHYSICIAN'S	O COMEC	23D. ADDRESS					
NAME (Type)	CHT ND	26 Read ST BOR	- Ml - 1257				
24A. BURIAL CREMATION, 24B. DATE 24C	DEGREE	EMATORY 24D, LOCATION (Cil	ly, tawn, or county) (State)				
REMOVAL (Specily)							
	Loudon Park Cem		yland				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS				
DECAZ BIO JUST EL TEL	ALL OF THE	Howard H. Hubbard, 4107 W	ilkens Ave. 21229				
*							



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10	(2/1)	70 1241	0	BALTIMORE CITY	HEALTH D	EPARTMENT		ma inach
D	-640	10 1541	U	CERTIFICA	TE OF	DEATH	REG. NO	70 12410
BIRTH		9		0=1(11110)			ND HOUS OF DEAT	
	or Print)	GEORGE B	ORLI	E		2, DATE A	12-19-	70 35
3. PL	ACE IN BALTIMORE	, MARYLAND, WHERE	RONOU	NCED DEAD	4. USUAL A. STATE	RESIDENCE (Wh.	ere deceased lived. If	institution: residence before odmission)
FULL	NAME OF (IF	NOT IN HOSPITAL OR	INSTITU	TION, GIVE STREET	MAR	YLAND		5300
	PITAL OR AI	DDRESS OR LOCATION)			C. CITY OR		D. IN	VSIDE CITY LIMITS?
22	THE HOH	NS HOPKINS	HOS	SPITAL		TIMORE AND NUMBER		NO NO
							ICK AVENU	JE
5. SE		1110	RRIED	NEVER MARRIED	B. DATE OF	BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
			OWED [10-	16-06	64	
	JSUAL OCCUPATION during most of working to	N 1 1		BUSINESS OR INDUSTRY	^	ACE (State or lor		12. CITIZEN OF WHAT COUNTRY?
1	liner	yon	ustou	un(oals(oke	ren	rsylvania		USA
13. F/	ATHER'S NAME				14. MOTHE	R'S MAIDEN NA	ME	
	JOHN BORL	IE			A	na Pizza	re	
15, W	as Deceased Ever in	U. S. Armed Forces?	ervice)	1 6, SOCIAL SECURITY NO.	17. INFORM			ADDRESS
No				193 07 2406	Rena	Cascio B	orlie 1515	Rosewick Avenue
1	B. 1/2 / 1/2			CAUSE OF DEATH				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR	CONDITION DIRECTLY	1			,	0-10	2 2 1
		NG TO DEATH		(A) IMMEDIATE CAU	SE 4	Meilca	delle Vi	reality 1/2.40
	This does not med neart foilure, astheni	on the mode of dying, io, etc. It means the di	seose,	DUE TO, OR AS	A CONSEQU	ENCE OF:		U
		n which coused deoth.)	1			- /	
	ANTEC	EDENT CAUSES		(B) DEVEL	6	11/02/18	ele ce	N/A
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the							
	UNDERLYING CONDITION lost, (C)							
		CONDITIONS CONTRIBU						
4 E	ISEASE OR CONDITI	ON GIVEN IN PART 1 (A).		/UICH OBERATION	20A A11	TOPSY? (Yes or N	oll 208 IE VES WEB	DE EINDINGS CONSIDERD
ERTIFIC	O OPERA	A DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED				20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
0 2	A CONTRIBUTING	S UNDERLYING CAUSE OF	21 B.	PLACE OF INJURY (e.g., i	n or obout 21 fice bldg., IN	C. WHERE DID	(If in Boltin	nore City, give exoct location
	DEATH (notify medical		etc.)					
W C	D. TIME (Month	n) (Doy) (Year) (Hou	rl 21 E.	INJURY OCCURRED	21	F. HOW DID IN	JURY OCCUR?	
	APPROX.)		Whil	Not While At Work				
2	2. I certify that (l) (this haspital) atte	nded th	e deceased fram			.19ta	19
		aw the deceased aliv			19			pinian death accurred an the date
) (We) (did) (did nat) v	iew the ba			
11	3A. SIGNATURE			Tu D				23 B. DATE SIGNED
Attending Med. Stoff Phys. Director Phys.								
2	3C. PHYSICIAN'S	- Jever		OF CHEE	23D. ADDRE		11173.	1
	NAME (Type)	CA IENNI INIC		/	THE	INUNE L	HOPKINS H	OSPITAL
24A.	BURIAL CREMATION	N, 24B. DATE		ME of CEMETERY OF CRE	THE	0011110	10111110 11	(City, town, or county) (Stotel
	REMOVAL (Specify)	12.22.70	-	1 . P				, ,
25A.	DATE REC'D BY HE	ALTH DEPT. 258, N	YOUR	lens of Faith	emete	MERAL DIRECTO	Ltimor, Mo	anyland ADDRESS
100	9 9 9070	02 08 3 10	San Enter	230 0 0	5 18	1370 In	1211	Chesaco Ave.
VS 1	50-REV. 1/1/68	my on your	7	7	- 14001	Harry.	7	Justin Tive.



BALTIMORE CIT	TY HEALTH DEPARTMENT					
70 12411 CERTIFICATE OF DEATH REG. NO. 70 12411						
I.NAME OF DECEASED	2. DATE AND HOUR OF DEATH					
(Type or Print) OSCAR LEF FOX	12- (9-70 2.30 A.M.					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A, STATE B, COUNTY					
FULL NAME OF UF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET	Maryland / Baltimore					
HOSPITAL OR ADDRESS OR LOCATION) WIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LUMITS?					
SINAI HOSPITAL BAZTIMORE, HD	BALTIMORE 21221 YES NO PER					
	E. STREET AND NUMBER					
1/2/5	1034 N. MARLYN AVE.					
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 1/4, If Under 24 Hrs. Months; Doys Hours Min.					
WIDOWED DIVORCED	2-19-38 32					
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI dane during most of working life, even if retired)						
TILE SETTER Construction	HAZENTIC, UA., USA USA.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
OSCAR LEE FOX	Clara Kidd					
15. Was Deceased Ever in U. S. Armed Forces? [Yes, no or unknown] [If yes, give wor or dotes of service] 16. SOCIAL SECURITY NO.	17. INFORMANT					
YES U.S. A-IR FUR 1961 216-32-1603	WIFE: MRS. NORMA FOX BALTO, MO. 21221					
18. CAUSE OF DEA	APPROXIMATE INTERVAL					
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH					
(This does not meen the made of dyling, e.g., (A) IMMEDIATE CAUSE UNKnown - Palmoneny emblism?						
heart failure, asthenia, etc. It means the disease.	S A CONSEQUENCE OF:					
injury or complication which caused death.) ANTECEDENT CAUSES (MB & Complete Compl						
DISEASES OR CONDITIONS, if any, giving (B) COMBAR SPINAL RUSCON (2/4/)0 DUE TO, OR AS A CONSEQUENCE OF:						
nise to the above cause (A) stating the	3 A CONSEQUENCE OF:					
UNDERLYING CONDITION lost. (C)	***************************************					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
E TO THE DEATH BUT NOT RELATED TO THE TERMINAL	ort					
	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED					
194. Date of operation 198. CONDITION FOR WHICH OPERATION WAS PERFORMED Springle List These	in CERTIFYING CAUSES OF DEATH?					
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If In Boltimore City, give exect location) office bidg., INJURY OCCUR?					
DEATH (notify medical examiner)						
OF INJURY (Month) (Doy) (Year) (Haus) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
(APPROX.) White At Not White At Work At Work	ile 🔲					
22. I certify that (1) (this haspital) attended the deceased from	12/2/20 20 12/19/20 20					
that (1) (we) last saw the deceased alive an 2 30 /+"	19 12/19/20and that in(my) (aur) apinion death accurred an the date					
and haur and from the causes stated abave. (1) (We) (did)(did nat)	view the body after death.					
23A SIGNATURE	23B, DATE SIGNED /					
Alta ino Ph	rending Med. Staff 12/19/70					
23 G. PHYSICIAN'S NAME (Type)	23D. ADDRESS					
DAVIDI. FILTZER, M.D.	4419 FALLS RP, BALTO, MO. 2/2/1					
24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CE						
Burial 12/22/70 Meadowridge Men	norial Park Howard Co., Md.					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR LINE ADDRESS					
DEC 22 100 Cos E. Talket May 0 0	James E. Bruzdzinski 1407 Eastern Ave.					
VS 150-REV. 1/1/68	Tan Eastern Ave.					

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12/27/20 Mendones or secretal resp Monard Co., 12.

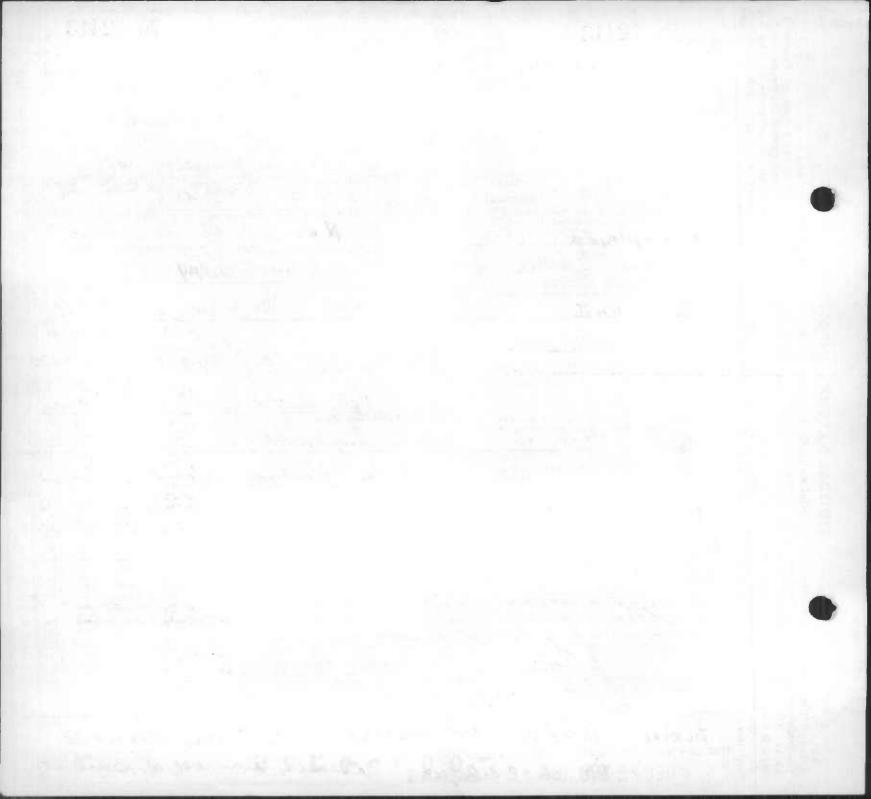
and meaters that appropriately thought or the first tree.

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. a hospital and This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hoston has body was released to the hospital by a medical examiner. Also, if the direct or contributing cause

1) .			BALTIMORE CIT	Y HEALTH DEPARTMENT		22 40440
7	5-500	70	1241	0	TE OF DEATH	REG. NO	70 12412
	NAME OF DECI			CERTIFICA		AND HOUR OF DEAT	
	pe or Print)	RICH	LARD E	I. RAINEY		cember 18.1	
3.	PLACE IN BALT	IMORE, MARYLAND,	WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased lived. If	institution: residence befare admission)
FU	ILL NAME OF	(IF NOT IN HOSPI	ATION	TTUTION, GIVE STREET	Maryland	20	02 50/
IN	STITUTION	Bolton Hill			C. CITY OR TOWN		YES NO NO
	90	Lafayette a			E. STREET AND NUMBER		YES NO NO
		Balto.,	Md.		322 Cast	e of	
		6. RACE		D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Ys. If Under 24 His. Months; Days Hours Min.
	Male	White	WIDOWE		11. BIRTHPLACE (Stole or for	74	
dar	e during most of w	rorking life, even if relired)	1		A A O	oreign country!	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAM			SALESMAN	14. MOTHER'S MAIDEN N	0	UPI
	0	hard Rai	NA D.21			1 L	
15.	Was Deceased	Ever in U. S. Armed Fo.	10057/1	116. SOCIAL	Mary Col.	bert	ADDRESS
(Ye	Yes	Of yes, give war or dot	es of service	SECURITY NO.		D. 66- 00	
	18,	W . W . L		CAUSE OF DEAT		Dully: 20	22 Hudson St. # 2122.
	17.1.0	E OR CONDITION DI	RECTLY	0.1002 01 02.7.1		0 1 1	BETWEEN ONSET AND DEATH
		LEADING TO DEATH		(A)IMMEDIATE CAI	USE Congestine	Treat fai	lure one year
	heart failure, a	at meen the made of asthenia, etc. It means	the diseas		A CONSEQUENCE OF:	1	
		NTECEDENT CAUSES		1	50110	,	
		NTECEDENT CAUSES R CONDITIONS, II		(8) OF AS	A CONSEQUENCE OF:		one year
	rise to the	abave cause (A)	stating th	ie Doc 10, Ok As	A CONSEQUENCE OF:	ų.	
	UNDERLYING	CONDITION last.		(c)			
NO	OTHER SIGNIFIC	II CANT CONDITIONS CO	NTRIBUTING	3	ntal 1	fibrillati	in one year
ATI	DISEASE OR CO	BUT NOT RELATED TO TO	IT 1 (A).		aria	MONITOUT	on
ERTIFICATION	19A. DATE OF	OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING C	FINDINGS CONSIDERED
CER	21 A. ACCIDEN	T WAS UNDERLYING	2	IB. PLACE OF INJURY (e.g.,	n or obout 21C. WHERE DID	(If In Boltime	ore City, give exect lacotion)
CAL	DEATH (notify	medical examined	he	ome, larm, lactory, street, a lc.)	ffice bldg. INJURY OCCUR?		
EDI	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21	E INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?	
2	(APPROX.)			Vhile At Not While Vark Al Work			
	22. I certify t	that (1) (this hospito	l) ottended	the deceosed from	NEU 19	19 69 to	Dec. 18. 1970
		lost saw the decease			17 19 70 ond	that In(my) (our) op	Inlan death occurred on the date
			ted above.	(1) (We) (dld) (dld not) v	lew the body ofter death		
23A. SIGNATURE 23B. DATE SIGNED							
	23C. PHYSICIAN	Clave	14	DEGREE Phy		Staff Phys.	12.20.70
	NAME (Ty	pe)	SWORTH		23D. ADDRESS	and Area Ba	2/2/8
24/	BURIAL CREW			DEGREE		LOCATION (C	
	Burial			Loudon Park (
254		AX HEALTH-PERT.		OE REGISTRAR	25C. FUNERAL DIRECTO		k Ave., Balto., Md
	JEU221	HIJ Vabale &	Ve Be	ACR O	Charles & 3	11 y 201.	S. Conkling St.
VS	150-REV. 1/1/6	8			1	nerr nerr	0., 21224. Nd.

are the second of the second

BALTIMORE CITY HEALTH DEPARTMENT								
	7: 40220	ATE OF DEATH REG. NO. 70	12413					
1	NAME OF DECEASED	2. DATE AND HOUR OF DEATH						
	Type of Print) SHEPPARD. JOHN	JR. 12-20-70.	1 2.30 4					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived. If institutions A. STATE B. COUNTY	residence before admission)					
- 11	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN ID INSIDE CITY	801					
	UNIVERSITY HOSPITAL	BALTIMORE D. INSIDE CITY LIMITS? YES TO NO						
	30	E. STREET AND NUMBER 901, W. MULBERRY	423					
5	SEX 6. RACE 7. MARRIED NEVER MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Und	der 1 Yr. If Under 24 Hrs.					
	WIDOWED DIVORCED D	1 3-18-66 48	Doys Hours Min.					
d	DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST one during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CT PORTH CAROLINA	TIZEN OF WHAT COUNTRY					
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	JOHN SHEPPARD, SAR.	CHARLOTTE GRAY.						
0	was Deceased Ever in U. S. Armed Forces? es, no or unknown! (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT	ADDRESS					
	965 WWII	BROTHER. WILLIAM SHEPPARE	669-6199					
	DISEASE OR CONDITION DIRECTLY	ATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	LEADING TO DEATH	AUGE Carringua of laws Th	1					
	heart failure, asthenia, etc. It means the disease	S A CONSEQUENCE OF:	6 MONTHS					
	injury or complication which caused death.) ANTECEDENT CAUSES	1/1.	,					
	(B)	Molig nant Cachecloxia.	MONTHS					
H	inse to the above cause (A) stating the		VELOC					
	C)	£ mpaysema.	TEAR					
101	CITO THE DEATH BUT NOT PELATED TO THE TERMINAL	stal blindness Catarità	Vintos					
IC AT	DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDING	/ C1K3,					
EDTICE	12-8-70 WAS PERFORMED Obstructed larger	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING	DEATH?					
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	office bldg. INJURY OCCUR? (II In Boltimore City, gl	ro exact location)					
AEDI	TOT MIJORI	21F. HOW DID INJURY OCCUR?						
	(APPROX) While AI Not Will Work AI Work							
	22. I certify that (1) (this hospital) attended the deceased from	12-8 19 /0 to 12-	20 19 70					
	that (1) (we) last sow the decrased alive on 12-19		th occurred on the date					
	and hour and from the courses stated above. (1) (We) (did) (did not)	view the body ofter death.						
	Attending Med. Stoff (7)							
	23C. PHYSICIAN'S NAME (Type) J. H. HATHER, M.D.	23D. ADDRESS						
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF C	REMATORY 24D. LOCATION (City, town, o						
	BURIAL 13-24.70 Mr. CAL	REMATORY VERY Brooklyn, MAR	CYLAND (Stote)					
25	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	2 Charles G. Rice 661 W.						
VS	150-REV. 1/1/88	Littaring . June Col W.	Jane 201.					



	70	12414			HEALTH DEPARTME		. 70 12414	
	RTH NO.			CERTIFICA	TE OF DEA	111		
	Pe or Print)		51.		2. D.	ATE AND HOUR OF DE		
3.	PLACE IN BALTI	MORE MARYLAND,			4. USUAL RESIDENC	E (Where deceased lived,	6.0/ F. Il institution: residence before admiss	M.
FL	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	(NOITA:	TUTION, GIVE STREET	C. CITY OR TOWN	/ D.	INSIDE CITY LIMITS?	
	3.41	BALtimo	2	CY	E. STREET AND NUM	MBER	YES NO	
	20014	VACIMO	a Oren,		921 5	· Hanove	er St.	
5.	SEX 6.	RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Days Hours Mi	Hrs.
	F	N	WIDOWE		1/26/3.	8 3.	2	
		ATION (Give kind of workling life, even if relired)		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or fareign country)	12. CITIZEN OF WHAT COUN	TRY?
	Non				111716	ZYLANI	05.97.	
13.	FATHER'S NAME	4			14. MOTHER'S MAID	EN NAME		
	Wilbu	r SCot	+		Vica.	ia Trul	OF	
15. (Ye	Was Deceased Ex	ver in U. S. Armed For	orces? les of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	1/2	,		SECONIII NO.	Aland 110 a	0 221	14 10 VIII ())
	18.	.0.		CAUSE OF DEAT	H /	sursey - 21	APPROXIMATE INTERV	
		OR CONDITION D			0.0	0.	BETWEEN ONSET AND D	HTAS
		ADING TO DEATH		(A) IMMEDIATE CAL		wo of Juses		
	heart lailure, as	mean the mode c thenia, etc. It mean icalion which cause	s the disease	DUE TO, OR AS	A CONSEQUENCE OF:	7.		
		ITECEDENT CAUSE		00		0 00.		
		CONDITIONS, if		(B) DUE TO, OR AS	A CONSEQUENCE OF:	Calloller		p-000
	rise to the	above cause (A)	slaling the					
	UNDERLYING	CONDITION last.		(c)				
CERTIFICATION	TO THE DEATH	II ANT CONDITIONS CO	THE TERMINAL		1 Azel John A	Spina		
2	19A. DATE OF O	PERATION 198 CO	NDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Ye		/ERE FINDINGS CONSIDERED	
RTIF	2 -		RFORMED		ye = -	IN CERTIFYING	CAUSES OF DEATH?	
MEDICAL C	21A. ACCIDENT OR CONTRIBUTI DEATH (notify m	WAS UNDERLYING NG CAUSE OF edicol examined	ho etc	B. PLACE OF INJURY (e.g., i me, farm, factory, street, of L)	n or about 21 C. WHERE injury OCC	DID (II in Bot	Itimare City, give exect location)	
03	OF INJURY	Month) (Doy) (Yeor	(Houd 21	E INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?		
3	(APPROX.)	Non-Aven		hile At At Work	• 🗆			
	22. I certify th	at (1) (this hospite		the deceased from / 3		19 <u>ZO</u> to	12/12/ 1920	4
		-		. / -	/ - "			
that (I) (we) lost saw the deceased olive on 1900 and that in (my) (our) opinion death occurred on the and hour and from the couses stated above. (I) (We) (did) (did nat) view the body after death.							opinion decin occurred on the	uure
	23A. SIGNATURE	1	-/	(1) (110) (ala) (ala ila) V	iew the body difer d	ieum.	23B, DATE SIGNED	
	19	anold 1	1. 111	1 1 Dhu	nding Med.	Staff Phys.		
	23C. PHYSICIAN	S	10/90	DEGNEEL	23D. ADDRESS	Priys.		
	DO A	N/D 1/	Hic	120 DID	Shirt	1 Bolti	(Ven.	
24/	A. BURIAL CREMA	ATION, 24B, DATE	24C. N	AME of CEMETERY OF CRE	MATORY	24D. LOCATION	(City, town, or county) (Stole	e)
	BURTAL	12-22		MT. AUBU		1 .	e, Marylan	0
25	DATE PECO B	UEALTH DERY	DER MAAAE	OF DECISION	1000 000000	,000,1,1,101	-) / 1 1 100101	0

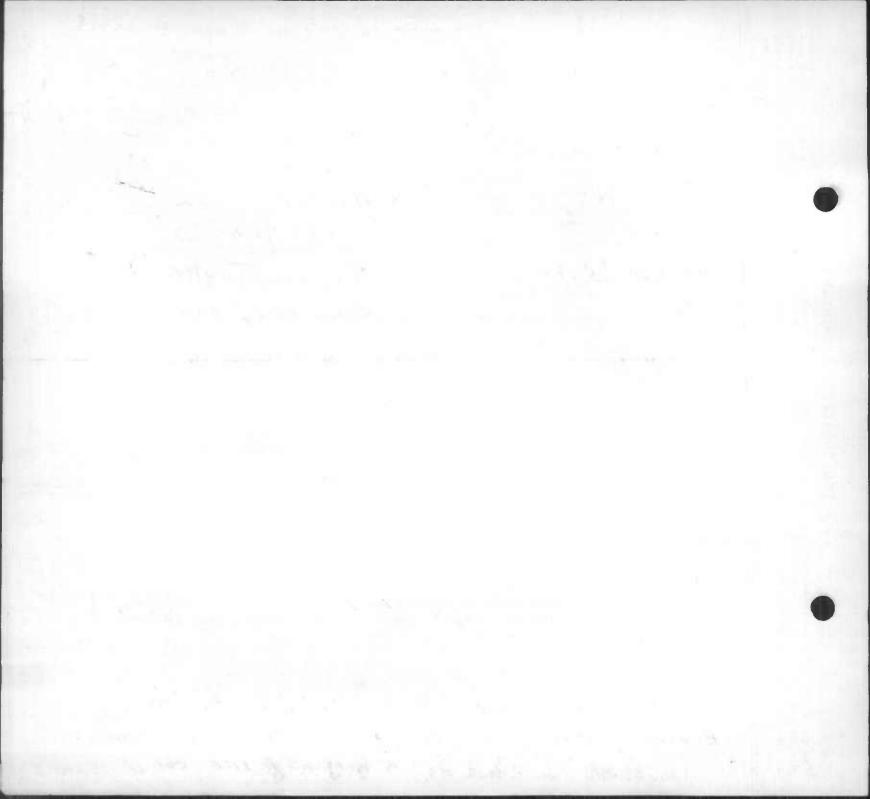
BHARLES

BURRE

Robert E. Jak

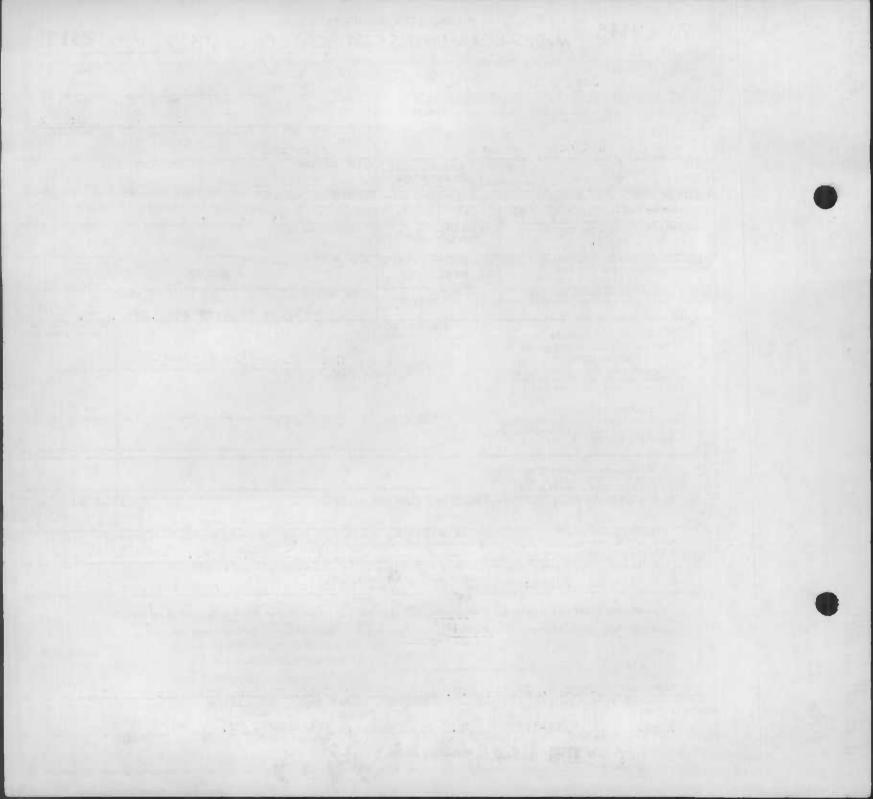
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VS 150-REV. 1/1/68



EDICAL	EXAMINER'S	CERTIFICATE OF	DEATH	70	1241
			DEC NO	2	

R 356	BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. N	70 12415					
0	1. NAME OF DECEASED (Type or Print) Jean Marie Ridenour 2. DAIE Known A Month Doy OF DEATH Estimoted	Yeor Hnur					
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) 3. DATE Month Doy PRONOUNCED DEAD 12 15	Year Hour 70 5:35 a M.					
	S. USUAL RESIDENCE (Where deceosed lived. # Institution Lutharan Hospital Maryland S. USUAL RESIDENCE (Where deceosed lived. # Institution and Institution	tion; residence before admission)					
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE Female WIDOWED Separated Baltimore	YES NO					
•	9. DATE OF BIRTH 10. AGE (Inyeors # Under I Yr. II Under 24 Hrs. E. STREET AND NUMBER Months Days Hours Min. 2819 W. 33rd St.	TES EL NO EL					
	II. BIRTHPLACE (Stole or foreign country) Md. 12. CITIZEN OF WHAT COUNTRY? Amos Sibley						
	done during most of working lile, even if retired) Waitress Doudy						
	IA. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no er unknown) (II yes, give wor or doles of service) I7. SOCIAL SECURITY NO. Beatrice Leonard Siew	ADDRESS					
	NO Beatrice Leonard 819W.33rd. St. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart loilure, osthenia, etc. it meons the disease, injury or complication which coused death.) (A) IMMEDIATE CAUSE Carbon monoxide poisoning DUE TO, OR AS A CONSEQUENCE OF:						
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL USEASE OR CONDITION GIVEN IN PART 1 (A).						
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)					
	228. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (if in Bolitmore City, give home, form, loctory, street, office bldg., etc.) INJURY OCCUR? 228. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (if in Bolitmore City, give home, form, loctory, street, office bldg., etc.) INJURY OCCUR? 228. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (if in Bolitmore City, give home, form, loctory, street, office bldg., etc.) INJURY OCCUR? 228. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (if in Bolitmore City, give home, form, loctory, street, office bldg., etc.) INJURY OCCUR?						
	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 12 15 70 4:40am. WHILE AT WORK Inhalation of auto extensions.	naust fumes					
	I certify that I held an inquiry inspection Autopsy and that on this basis, death in meaning resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER NAME (Type) Werner U. Spitz M.D. Deputy Chief Medical Examiner	DATE SIGNED					
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, to Burial 12/19-1976 St. Marys Cemetery Paleticone, 1d.	ADDRESS . J All					
	DEC 22 1970 Robert E. Jankey Ma Frank Jr Seit 814	2136°St.					



FUNERAL DIRECTOR: IMPORTANT

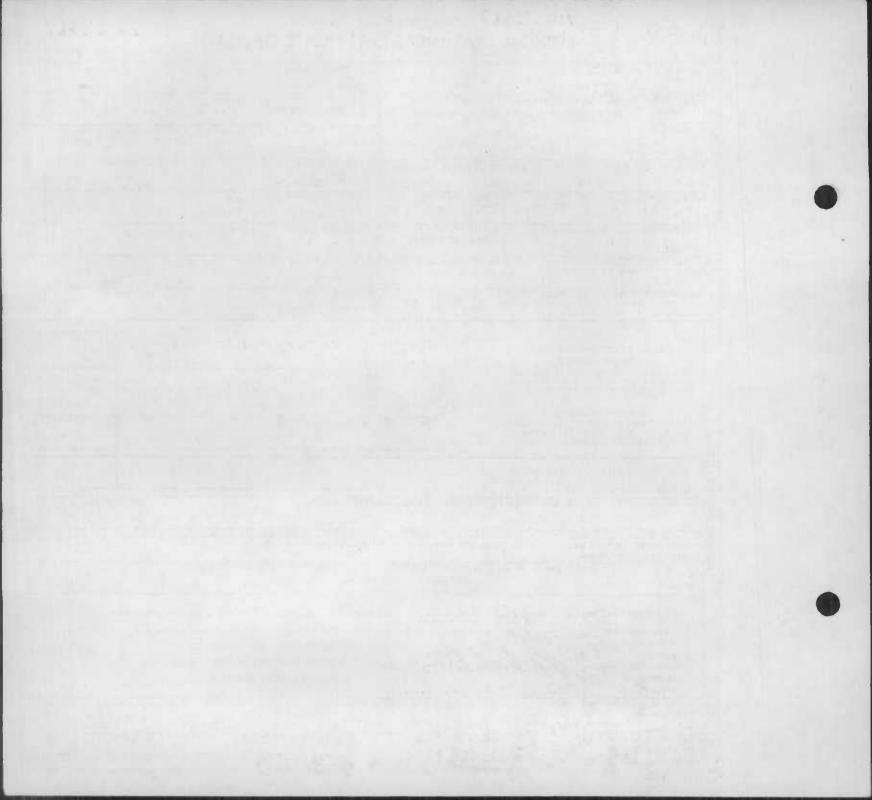
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular aftendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.

	T-524 70 124		HEALTH DEPARTMENT		70 12416
	BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	
	1. NAME OF DECEASED Lippo or Print)			18-1970	. 100
	3. PLACE IN BALTIMORE MARYLAND, WHERE PE	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If ins	litution: rasidence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN		DE CITY LIMITS?
9	Lincoln Nursey"	Hne	E. STREET AND NUMBER	on It	YES NO D
	5. SEX 6. RACE 7. MAR WIDO	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	H Under 1 Yr. It Under 24 Hrs. Months: Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)		11. BIRTHPLACE (Stole or forei	gn country)	12. CHIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	4.5	
	- Unkn		7)000	ALE.	
	15. Was Deceased Ever in U.S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		218-65-47144	SINCOLNY	1015149	Home
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		V	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying	(A) IMMEDIATE CAU	SE PNEUMON	IA	3 days
	heart failure, asthenia, etc. 11 means the dise injury or camplication which caused death.)	ease,	CONSEQUENCE OF:		
	ANTECEDENT CAUSES	(8)	REBLOVASCUR	AR ARG	ident
	DISEASES OR CONDITIONS, if any, ginse to the obave couse (A) stoling UNDERLYING CONDITION last.	1110	A CONSEQUENCE OF:		
	H	(C)			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG NAL			
	O DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R CONDITION F WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B, IF YES, WERE FIN	IDINGS CONSIDERED
	21A. A CCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in	or obout 21C, WHERE DID		City, give exoct locotton)
	O DEATH (nobity medical examine)	home, form, factory, street, affi etc.)	ice bidg., INJURY OCCUR?	the management of the	only, give exoct to cotton;
	Q 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While	21F. HOW DID INJU	JRY OCCUR?	
		Work LJ At Work	10 8/19/67		
	22. I certify that (i) (this hospital) attended that (i) (we) last saw the deceased alive			9ta	. ,
	and have and from the causes stated above	/ - / /	ew the hady after death	rin(my) (dur) apinio	an death accurred an the date
	23A. 510NATURE	S. Aften	ding Med.	Shaff	3B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type) HOLLIS DEL	DEGREE Phys.	Director P	hys. L	12/18/70
	4A. BURIAL CREMATION, 1248, DATE 1246	C. NAME OF CEMETERY OF CREA	1801 GLEE	NBELLY K	d Mit 21209
	Beuch 12-21-70	C. NAME OF CEMETERY OF CREA	MATORY 24D. LO	tar Hill	Town, or county) (Stole)
		AE OF REGISTRAR	26C. FUNERAL DIRECTOR	F. 1186	ADDRESS
1	DEC 22 PM (GBe. B. E. Ja.	sey ree o	12.1050HB	ングドント	532 Hollins St

Pataronia 4/2/21 1/2/8 00 4/2/21 Man Academie 43 10 Chemann Ki ha week 70 12417 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

1 000		MED	ICAL	. EXA	MINER'S	CERTIFI	CATEC	OF I	DEAT	H REG. NO	0	
BIRTH NO.										WE O. 14		
(Type or Print) WILLIAM H. DATES					2. DATE OF DEATH	Knawn Estimoted		Month	Doy	Yeor	Hour	
4. PLACE IN BAL	TIMORE, MA	RYLAND, Y	HERE P	RONOUN	ICED DEAD	3. DATE			Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPITA	LORINS	TITUTION,	GIVE STREET		UNCED DEAD		12	17	1970	2:30 a before odmission)
0.73	26 Gwir	nn Fall	s Pka	wy. (Gwynns)	A. STATE	Maryla		ccedito ii	B. COUNT		37
6. SEX	7. RACE		B. MARE	NED N	EVER MARRIED	C. CITY OF	TOWN			D. INSIDE	CITY LIMITS?	
male	negr	0	WIDOV	VED 🗌	DIVORCED	Ba	ltimore				YES 🔀	NO 🗆
9. DATE OF BIRTH	4	10. AGE (In	·1	If Under	1 Yr. If Under 24 Hrs. Days , Hours , Min.		AND NUMBER					
2/10/1900)		770		1	332	6 Gwinn	Fal	1s Pl	wy.		
11. BIRTHPLACE (S	tate or foreig	n country)		12. CITIZ	EN OF	13. FATHER	'S NAME				164	
Virginia				WHA	T COUNTRY? USA		red Date					
4A.USUAL OCCU	PATION (GIV	e kind of work	148. KIND	OF BUS	INESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN	NAME				
Long Shor	reman	en nremed)				Mar	tha Brow	٧n				
6. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE		SOCIAL	IB. INFOR					ADDRESS	
(Yes, no or unknown) NO	(Il yes, give v	vor or doles	ot service	2	18-03-5953	Mar	y Dates	33	26 Gm	ynns F	alls Pa	rkway
19.	1 12				CAUSE OF DE	ATH						PPROXIMATE INTERVAL MEEN ONSET AND DEA
	E OR COND LEADING TO		CITA		Hypertensi		teriosc	lero	tic o	cardiov	ascular	disease
(This does n	ot mean the	mode of dy	Ing, e.g.,		(A) IMMEDIATE DUE TO, OR	AS A CONSEC	UENCE OF:					
heart follure	, osthenia, etc nplication whi	. It means the	diseose,									
			•									
	NTECEDENT				(B)	AS A CONSE	OHENCE OF					
RISE TO THE	OR CONDITI	USE (A) STA	ING THE		DUE 10, OR	AS A CONSE	QUENCE OF:					
LINDERIVIN	16 CONDIT	ION LAST.			(c)							
일		11										
O THE DEA	IIFICANT COI ATH BUT NOT CONDITION	RELATED TO	THE TERM	INAL								
20A. DATE OF					ICH OPERATION W	AS PERFORM	AED				21. AUTO	OPSY? (Yes or No)
2												no
UNDERLYING		TRIB-		22B. PLAC	CE OF INJURY (e.g. m, foctory, street, offi	, In or obout ce bldg., etc.)	22C. WHERE D	OID (II	in Boltimo	re City, give	exact location)	
		Doy) (Yea	r) (Hou	r) 22E.J	NJURY OCCURRED		22F. HOW DIE	ULNI C	RY OCC	UR?		
OF INJURY (APPROX.)				WHILI	EAT NO	T WHILE						
23.				m. WOR	K L AT	WORK						
	Ify that I h	eld on I	ngulry [] In	spection 🔀 A	utopsy 🗌	and that a	on this	basis,	death In r	ny apinian	
	ted from: N	. /		-	dent Sulci		amicide 🗌			ned manne		
resut	rea from: I	toloidi cac	//	Acci	A Solci	4 [11	CHIEF MEDIC			T monne		
ACTUAL		L-///	1: 11	-0.	1881	ACC	STANT MEDIC			図		DATE SIGNED
SIGNAT		-//	alle	7 44	M.	D.				[-]		
NAME (1		Tsidor	e Mi	tha lak	is, M.D.	ASS	OCIATE MEDIC	AL EX	AMINER		1.2	2-17-70
24A. BURIAL CREE	MATION,	248. DATE	- TII		IAME of CEMETERY	or CREMATE	ORY 2	24D. LC	CATION	(City, to	own, or county	
REMOVAL (Speci	ily)	12/21	/70	Ana	butus Memo	rial Pa	rk	D	altin	nore N	laryland	1
Burial 25A. DATE REC'D	BY HEALTH				REGISTRAR		FUNERAL DIR			101 6 9 1	ADDRESS	*
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57722	MAG	MADICAN C	0 10	Star of	ر الاوق	2 4.	S. Phil	DDS	1/6	2/ Nort	un monro	oe Street
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hos	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5)
	-	po	::
	S	P	*
	1	th.	sho

hospital and use of death ; (5) Deceased

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death);

deceased prior to

Burial

VS 150-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

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regular

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BALTIMORE CITY HEALTH DEPARTMENT 70 12418 CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) December 17, DuVALL 4. USUAL RESIDENCE (Where deceased lived. If institution residence before amission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY Md. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS Baltimore YES X NO Harford Gardens Nursing Hom E. STREET AND NUMBER 6209 The Alameda is made. 5. SEX 6. RACE 9. AGE (In years lost birthdoy) MARRIED NEVER MARRIED 8. DATE OF BIRTH Il Under 1 Yr. Months Doys If Under 24 Hrs. Hours Female White WIDOWED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even il retired) Ret Co. Mav Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John A. Volz Emma Hess 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 6. SOCIAL final 17. INFORMANT ADDRESS SECURITY NO. No 215-03-5106 A. Mrs. Albertina Rieger SAme CAUSE OF DEATH 0 1B. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: Pal heart foilure, asthenia, etc. It means the disease, injury or complication which caused deoth.) Ee ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) sloting the UNDERLYING CONDITION lost before the remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, lorm, loctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exect location) MEDICAL DEATH (notify medical examined obtained 21D. TIME (Month) (Doy) (Yeorl Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) 22. I certify that (I) (ships the prest) attended the deceased from 1970 that (1) (is) lost sow the deceased alive on... pe and that in (my) (and) opinion death accurred on the date and hour and from the causes stated above. (1) (did) (did) view the bady after death. must 23A. SIGNATURE 238, DATE SIGNED Attending | Med. Staff au written approval Phys. Director 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type 24A. BURIAL CREMATION, 248, DATE CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify)

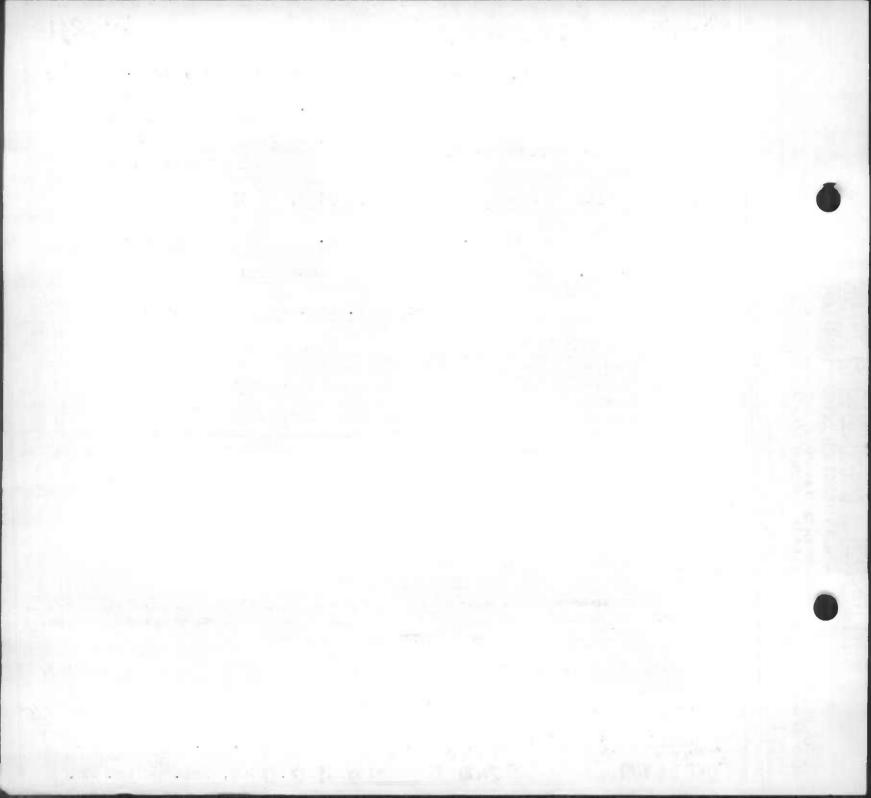
Balto. Md.

Leonard J. Ruck, Inc. Balto. Md.

25C. FUNERAL DIRECTOR

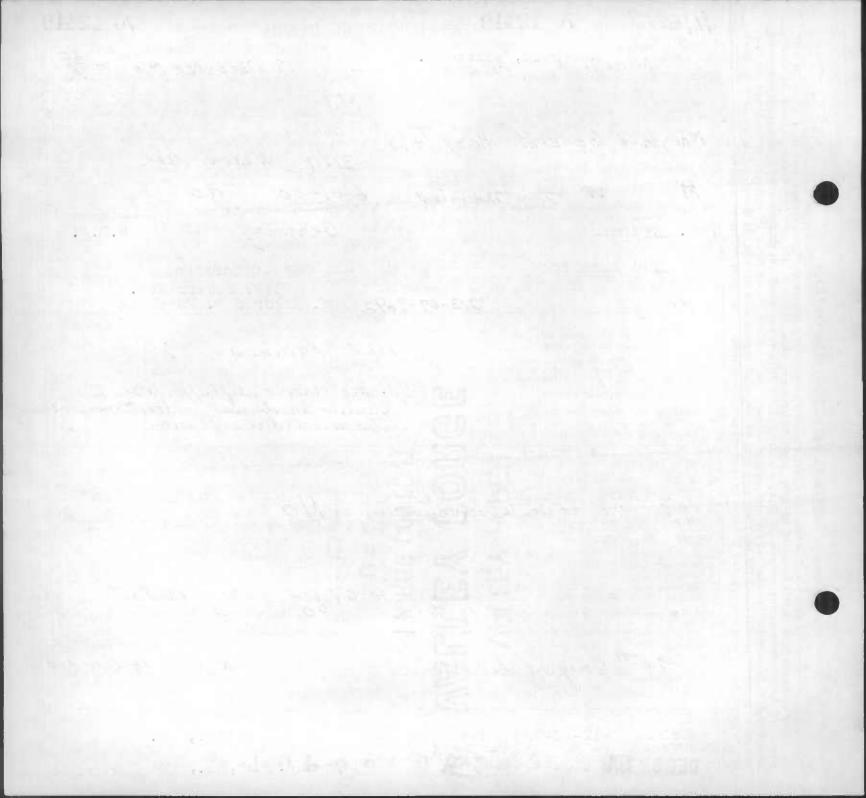
Loudon Park

258 NAME OF REGISTRAR



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

	M 110 2 322	BALTIMORE CITY	HEALTH DEPARTMENT	2.0140					
8	april 102/2 70 124	CERTIFICA	TE OF DEATH Register	ed No. 70 2419					
1	M.E. CASE NO.	Alfrad W	2. DATE AND HOUR OF	DEATH					
(Type or Printi Musebeck,	Ifred -	18 DECEMB	Er 1970 4-30 M.					
3	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased live A. STATE B. COUNTY	red. Il institution: residence belore admission)					
	FULL NAME OF (If not in hospital ar instituti	on, give street	Md	2731					
	HOSPITAL OR oddress or location) INSTITUTION	on, give enect	C. CITY OR TOWN (If outside city limits	write RURAL and give township)					
F		11-1-1	BATTIMONE						
	Maryland GENERAL	100 SP1141	D. STREET ADDRESS (Il rurol, give loca						
			3/27 Wearer						
5		HED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In yellost birthdoy)	Ors II Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.					
	10A, USUAL OCCUPATION (Give kind of work 10 B. KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lareign country)	12. CITIZEN OF WHAT COUNTRY?					
1 2	Ret. engineer		Germany	U.S.Al					
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	Called					
	Karl Musebeck		Emma Geboran	0.00					
1	5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17 14150014 4417	222000					
	Yes, no or unknown) (II yes, give wor or dates of servi	SECURITY NO.	3127 Weav Mrs. Mildred A.						
1	118.	CAUSE O		INTERVAL BETWEEN					
	DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH					
П	LEADING TO DEATH	(A) Le	pt Parumania						
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,								
	injury or complication which caused death.)	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving (B) Closencer carcinomic left upper labe of DUE TO extensive envolvement medications including							
	ANTECEDENT CAUSES	DUE TO	The continue sugar up	medeattrum including					
1	DISEASES OR CONDITIONS, if any, givenise to the obave cause (A) slating	ring the (C)	trapericurded lyte	medeactinum including					
	UNDERLYING CONDITION last.	III (CI	organism com	74.74.72					
	. 11	- 10 m 100							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO								
	DISEASE OF CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No! 20B. IF YES,	WERE FINDINGS CONSIDERED					
41	19A. DATE OF OPERATION 19B. CONDITION F 23 Nov 1970 WAS PERFORMED 23 DEC 70 CHENCE.	Rilar Region The	IN CERTIFY	NG CAUSES OF DEATH?					
	U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF MJURY (e.g., i	n or obout 21C. WHERE DID (II in	Boltimore City, give exact lacotion)					
	OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	home, larm, loctory, street, o etc.l	ince sings, income occow						
	21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
11	S OF INJURY (APPROX.)	While Al Not While At Work							
	22. I certify that (17) (this haspital) attend			18 Dec 1970.					
	that (D) (we) last saw the deceased alive		A	our) opinian death accurred on the date					
				or opinion death accorded on the date					
	and haur and from the causes stated abov	e. (I) (me) (did) (@aenor) 1	view the body differ death.	23 B. DATE SIGNED					
	all Co	DI M.D. AH	ending Med. Stoll	18 Dec 1930					
	23C. PHYSICIAN'S	2ruce Phy	23D. ADDRESS	10 mic 11 10					
	NAME (Type)	M.D.							
		C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION	(City, town, or county) (State)					
	REMOVAL (Specily)								
	Burial 12-22-70 25A. DATE REC'D BY HEALTH DEPT. 25B. NA/	Parkwood ME OF REGISTRAR	Balto.	, IVId .					
	DEC 22 1970 PROBE Se	Bet MA O	1 0 1						
1	VS 150-REV. 1/1/65		2 Legnath J. Ruck, Inc.	, 5305 H rford Rd					



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

D-225 70 12420		Y HEALTH DEPARTMENT ATE OF DEATH Registered No.	. 70 12420
N.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DEAT	
	2Q.4 IN	12/18/70	12 - pm.
FULL NAME OF (If not in hospital or institution, give	- Areat	4. USUAL RESIDENCE (Where deceased lived. If A. STATE Maryland	f institution: residence before odmissian)
HOSPITAL OR oddress or locotion)	6 311661	C. CITY OR TOWN (If outside city limits, writ	te RURAL ond give township)
19MD. GOVL. HUSP.		D. STREET ADDRESS (If rurol, give locotion) 823 Park Ave.	
Temale W Marrie	7.0	B. DATE OF BIRTH 9. AGE (In years lost birthday) 77	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
DA, USUAL OCCUPATION (Give kind of work 108, KIND OF B one during most of working life, even it retired) Housewife	USINESS OR INDUSTRE	f 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sammuel Knouse		Carloline Pfaffenb	
es, no or unknown) (If yes, give war ar dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	218 01 7251	Peter DeJacquin 823	
18.4/0/1	CAUSE O	OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	HOT	5 PORICAV-DIWY	MINS
(This does not mean the made of dying, e.g., heart failuie, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES	DUE TO	ARMIR WIFARCT E RUPTURE OF HEART	7-100
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c) AS	(4)	425
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Q-List		
19A. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED	HICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
	LACE OF INJURY (e.g., i form, foctory, street, o	in or oboung C. WHERE DID (If in Boltin office bldg., INJURY OCCUR?	more City, give exact location)
-			(2 -
22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased olive on	deceased from	19 76 and that in (my) (aur) o	apinian death occurred on the data
and hayr and fram the couses stated above. (1)	(We) (did) (did nat)		aprillation additional and a second
23A. SIGNATUSE 23C. PHYSICIAN'S	4. 1.	ttending Med. Stoff	238, DATE SIGNED
NAME (Type)	M.D.		
REMOVAL (Specify)	lawn Cemet		(City, town, or county) (Stote) Narvland
DEC 22 110 Collage 258. MAMBOF	TEN O	25C. FUNERAL DIRECTOR	Balto. Md. 212
46 160 BEV 1/1/45	part 1		

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. M.D. EXAMINER'S ASSOCIATE MEDICAL EXAMINER NAME (Type) Werner U. Spitz M.D Deputy Chief Medical Examiner 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Burial 12/26/70 St. Stanislaus Cemetery Baltimore.Md. 258. MAME OF THE GISTRAR 25A. DATE REC'D BY HEALTH DEPJ. 25C. FUNERAL DIRECTOR Valent E. ADDRESS C23 George A. Weber 705 South Ann Street VS 151-REV. 1/1/68

	in a hospital and	g cause of death	ause; (5) Deceased	ttendance on the	or to death. Such	
17	nt if death occurred	lirect or contributin	; (4) Undetermined c	h was in regular a	n the deceased price	disposition is made.
R: IMPORTAN	ner or his assistan	er. Also, if the d	cture of any kind,	pronounced deat	lar attendance or	balmed or final o
FUNERAL DIRECTOR: IMPORTANT	proved by the chief medical examiner or his assistant if death occurred in a hospital and	the hospital by a medical examiner. Also, if the direct or contributing cause of death	iny nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	except where the physician who pronounced death was in regular attendance on the	and (6) No physician was in regular attendance on the deceased prior to death. Such	obtained before the remains are embalmed or final disposition is made.
	proved by the	the hospital b	iny nature; (2)	except where	and (6) ha	obtained befo

the body was released to shows: (1) An accident of a was D.O.A. at a hospital

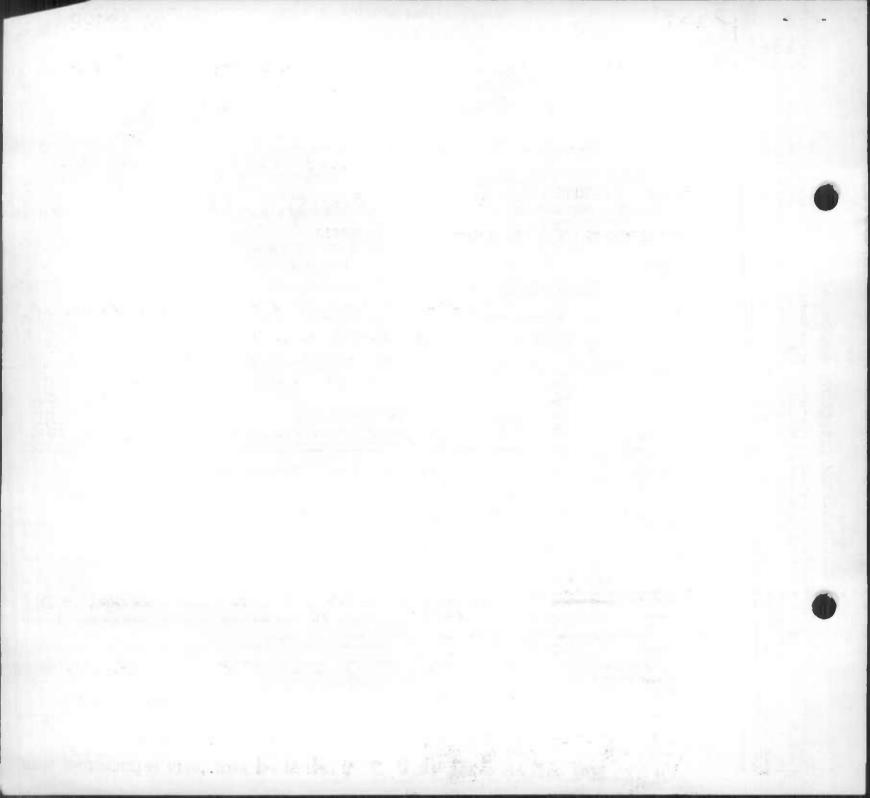
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decease

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 70 12422 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) ROSE PUSHKIN 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE * 8. COUNTY A. STATE (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND RALTIMARE **FULL NAME OF** HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? 6ALTIMORE YES C NO HOSPITAL OF E. STREET AND NUMBER 2502 PARK HEIGHTS 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED Months Doys Hours Min. WHITE last birthdoy EMALE WIDOWED A DIVORCED 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even il retired) USA AT HOME-RUSSIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN UNKNOWN 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give war or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 219-10-5171B | FRED PUSHKIN 3203 NORWHBROOK RD CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH METALLANDER MACHINE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE DIABETIC ACIDOSIS (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart lailure, asthenia, etc. It means the disease. injury or camplication which caused death.) GANGRENE OF ZNTESTINE ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the SURERIOR MESENTERY ARTERY THRONGOS UNDERLYING CONDITION last. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING RENPIRATORY FAILURE TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 12/20/70 MESENTERIC THROMBOSIS 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY le.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Baltimore City, give exact location) CAL DEATH Inotify medical examined MEDI 21 D. TIME IMenth) IDoy) IYear) IHour 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not White While Al IAPPROX. Werk 22. I certify that (I) (this hospital) attended the deceased from 12/19 19.70 to accident of city and a hospital (ior to death); that (1) (we) last saw the deceased olive on... and that in (my) (our) apinion deoth accurred on the date and have and from the couses stated above. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. 12/20/70 Director approval Phys. DEGREE 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) WERA PON TOWANNASUT SINAI HOSP. RALTIMORE

24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) BURIAL 12 - 21 - 70WORKMAN CIRCLE BALTIMORE, MARYLAND 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS SOU LEVINSON BROS., 6010 REISTERSTOWN ROAD VS 150-REV- 1/1/6



in a hospital and

-			BALTIMORE CI	Y HEALTH DEPARTMENT		
	3 2 3 TH NO.	12423	CERTIFIC	ATE OF DEATH	REG. NO	70 200
	AME OF DEC e or Print)		RT KATZEN		ember 19, 1	
3. P	LACE IN BAL	TIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceased lived. If NTY	institution; residence before admission
HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPI	TAL OR INSTITUTION, GIVE STREET	Maryland c. CITY OR TOWN	ID. IN	ISIDE CITY LIMITS?
IIN 3	INTOTION	4923	Denmore Avenue	Baltimore E. STREET AND NUMBER		YES XX NO
		-1200	7011110101101101	4923 Denmore	Avenue	
5. S	Male	6. RACE White	7- MARRIED X NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hr. Months Doys Hours Min.
OA.	USUAL OCCI		108. KIND OF BUSINESS OR INDUST	Y 11. BIRTHPLACE (State or lor		12. CITIZEN OF WHAT COUNTE
		oreman	Shoe Mfg.	Russia		USA
3. [ATHER'S NA	ME		14. MOTHER'S MAIDEN NA	ME	
		Charles K	atzen	Rebecca Đạiv	d Davis	
5, V	Vas Deceased	Ever in U. S. Armed Fo	orces? les of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No +		215-01-9607	A Mrs. Elizabet	h Katzen 4	1923 Denmore Avenue
	heart failure, injury ar can	at mean the made a asthenia, etc. It mean application which cause ANTECEDENT CAUSE	s the disease, d death.)	SACONSEQUENCE OF:	letur	De glan
TION	OTHER SIGNIE	OR CONDITIONS, if a baye cause (A) CONDITION last. I CONDITION CONDITIONS CO	ONTRIBUTING	S A CONSEQUENCE OF:	proffer	any 2 years
IFICATION	OTHER SIGNIF	e abave cause (A) G CONDITION last. ILLIANT CONDITIONS COMBITION GIVEN IN PA OPERATION [198, CO	stating the (c). There on the terminal	20A. AUTOPSY? (Yes of N		E FINDINGS CONSIDERED AUSES OF DEATH?
CERTIF	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDE	e abave cause (A) G CONDITION last. ILLIANT CONDITIONS COMBITION GIVEN IN PA OPERATION [198, CO	ONTRIBUTING THE TERMINAL INT [A] NOTION FOR WHICH OPERATION REFORMED	20A. AUTOPSY? (Yes or No office bldg., INJURY OCCUR?	IN CERTIFYING C	
DICAL CE	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDE	e abave cause (A) G CONDITION last. II CLANT CONDITIONS COMBUT NOT RELATED TO ONDITION GIVEN IN PARTICIPATION 198. COWAS PERMING WAS UNDERLYING TIME CAUSE OF	ONTRIBUTING THE TERMINAL INT I (A) NOTITION FOR WHICH OPERATION REFORMED 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	, in or obsut 21C. WHERE DID office bidg., INJURY OCCUR?	IN CERTIFYING C	AUSES OF DEATH?
MEDICAL CE	OTHER SIGNIF TO THE DEAT TO THE DEAT DISEASE OR CO 19A-DATE OF 21A-ACCIDED OR CONTRIBL DEATH (notify 21D-TIME (APPROX.) 22. I certify that (I) (we)	DECANT CONDITION I LOST. CONDITION I LOST. CONDITION I LOST. CONDITION CONDITIONS CONDITION GIVEN IN PARTICIPATION I LOST. OPERATION 198. CONWAS PEI OPERATION (MAS UNDERLYING I LOST. THAT (1) (this haspite lost saw the deceased from the causes states.	ONTRIBUTING THE TERMINAL INT I (A) NOTITION FOR WHICH OPERATION RFORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) While At Not Work Work At Wo ated abave. (I) (We) (did) (did nat) Publical Manual Appendix Append	21F. HOW DID IN	JURY OCCUR?	ore City, give exoct lacotion 197 pinlan death accurred on the d
MEDICAL CE	OTHER SIGNIFT TO THE DEAD ISEASE OR CONTRIBUTED TO THE DEAD OF THE DEAD THE OF THE DEAD THE OF THE DEATH (notify (APPROX.) 22. I certify that (I) (we) and haur and haur and haur and the dead of the	e abave cause (A) G CONDITION last. II CLANT CONDITIONS COMBUT NOT RELATED TO ONDITION GIVEN IN PA OPERATION 198. COMBUT WAS UNDERLYING (WAS PEI OTHER CAUSE OF medical examiner) (Month) (Doy) (Year that (1) (this haspital last saw the deceased from the causes state)	ONTRIBUTING THE TERMINAL INT I (A) NOTITION FOR WHICH OPERATION RFORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) While At Not Work Work At Wo ated abave. (I) (We) (did) (did nat) Publical Manual Appendix Append	21F. HOW DID IN the bady after death. 21	JURY OCCUR? In ta hat in (my) (aur) age Shaff Phys.	ore City, give exect facotion

Levinson & Bros, 6010 Reisterstown Road

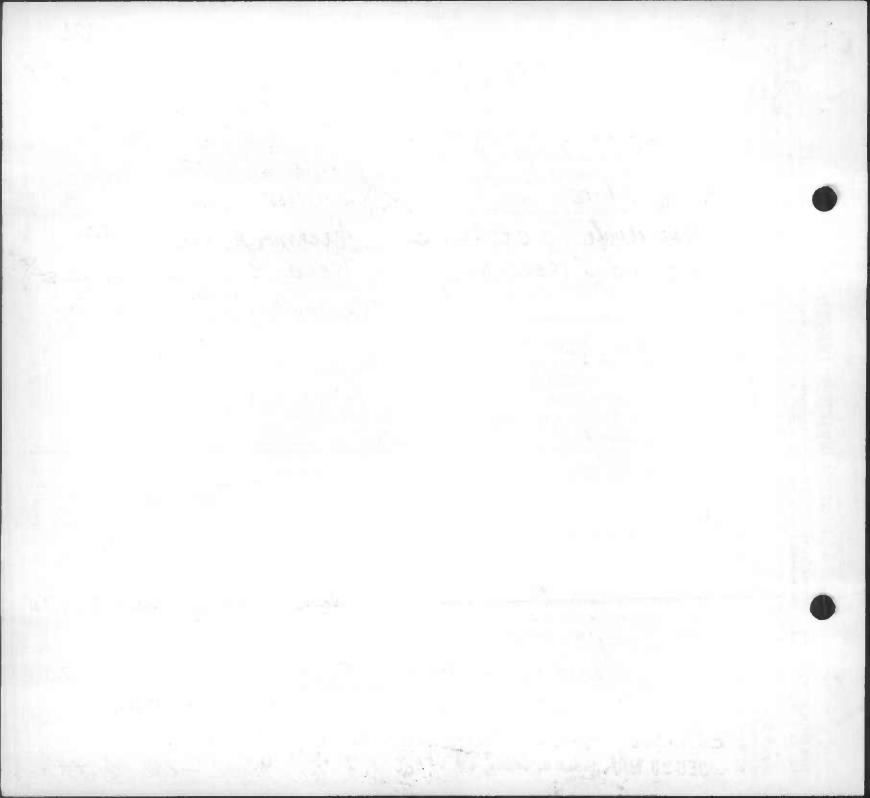
VS 150-REV. 1/1/68

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FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

11/	2200	BALTIMORE CITY	HEALTH DEPARTMENT		
В	RTH NO. 70 12424	CERTIFICA	TE OF DEATH	REG. NO.	70 12424
1.	NAME OF DECEASED . MILLS +	R	2, DATE AN	D HOUR OF DEATH	
3.	PLACE IN BALTIMORE, MARYLAND WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	12-2	0-70 12,40PM.
F	JLL NAME OF (IF NOT IN HOSPITAL OR II		A. STATE B. COUN	rania.	Testbelice below domission)
H IP	OSPITAL OR ADDRESS OR LOCATION)	, , , ,	C. CITY OR JOWN		E CITY LIMITS?
	90 House in the	ung Home	E STREET AND NUMBER	lpher.	YES NO [
1		e vines	York House	North	
5.	0 111 /1 +	RIED NEVER MARRIED	DATE OF BIRTH	9. AGE (In years last birthday)	Il Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
11	A. USUAL OSCUPATION (Give kind of work 10B. KIN		June 7,1008	SZ	12. CITIZEN OF WHAT COUNTRY?
do	ne during most of working life, even if refired)	+ Slown o	Richard	0 110	715A
13	FATHER'S NAME	1	4. MOTHER'S MAIDEN NAM	AE 1	W P P
	Herman Kore	nhera	Rosa .	(4)	Brand St-
15. (Y	Wos Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of serv	ice) 16. SOCIAL 1	7. INFORMANT	Sache	ADDRESS
-	18, 24 / 6 . 9 1	CANCE OF DEATH	Rosesberg-Ra	shael - P	lula. Va.
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		(2)	BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CAUS		ory Ve	2
	heart failure, asthenia, etc. It means the disc injury or complication which caused death.)	dse,	CONSEQUENCE OF:	J	- 0444444 0 000000 0000000 0000000 00000 MILES AU
	ANTECEDENT CAUSES	403	HSCU		
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS A	CONSEQUENCE OF:	·	
	UNDERLYING CONDITION last	(C)			
N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
ATION	DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL	***********************	******************************	
ERTIFIC	19A DATE OF OPERATION 19B CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	DINGS CONSIDERED
CER	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If In Bolttmore C	City, give exoct focotion)
CAL	DEATH (notify medical examines)	home, form, factory, street, allicated	e pidg. INJURY OCCUR?		
MEDI	OF INJURY (Month) (Doy) (Year) (Hour	21E INJURY OCCURRED White At The Not White I	21F. HOW DID INJU	IRY OCCUR?	
	(APPROX)	Work At Work			
	22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive		1.1.		Dec 20 19 76
	and have and from the causes stated above			t in (my) (aur) apinio	n death accurred an the dote
	23A. SIGNATURE	11 00		23	B. DATE SIGNED
	23C PHYSICIANS	Se alleston Phys.	Director L P	hys.	12-20-70
	23C. PHYSICIAN'S NAME (Type) FRAME	C 11 = 0	D. ADDRESS	5-11-11 6	2 -
24/	BURIAL CREMATION, 24B. DATE 246	C. NAME OF CEMETERY OF CREM	124D. LO	CATION (City	OHD town, or county) (State)
B	REMOVAL (Specily) REMOVAL (Specily) REMOVAL (Specily)	helton Hells	Chemoton R	hila P	a.
25,	DATE REC'D BY HEALTH DEPT. DER MAN	of REGISTRAR	250 FUNERAL DIRECTOR	a anc	ADDRESS
VS	150-REV. 1/1/6B	JOE O	KUNSON 900	uoa -00	10 Pelst Tang



cause of death

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(4) Undetermined cause; (5) Deceased

contributing death occurred

the direct assistant if

or his Also,

the chief medical examiner

Such

death.

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prior

deceased

or final disposition is made

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Was the

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CERTIFICATION

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burns;

(2) Body

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to the hospital by

certificate must be approved by

any nature;

An accident of hospital death)

the body was released

xaminer.

BIRTH NO

I. NAME OF DECEASED (Type or Print)

5. Was Deceased Ever in U. S. Armed Forces

IDA, USUAL OCCUPATION (Give kind of work 10B. KIND done during most of working life, even if retired)

FULL NAME OF

HOSPITAL OR

MALE

13. FATHER'S NAME

YES

5. SEX

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3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO

BALTIMORE CITY	HEALTH DEPARTMENT
70 12425 CERTIFICA	TE OF DEATH REG. NO. 7. 12425
H NO.	
STANLEY L. WURZBURGER	DECEMBER 19, 1970 1:25 A.M.
LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE Where deceased lived. I institution: residence before admission) A. STATE B. COUNTY
L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND C. CITY OR TOWN BALT IMORE D. INSIDE CITY LIMITS? YES NO
SINAI HOSPITAL	E. STREET AND NUMBER
12	2253 ROGENE DRIVE, APT. 201
EX 6. RACE 7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., If Under 24 Hrs.
MALE WHITE WIDOWED DIVORCED	MAY 1, 1898 lost birthdoy) Months Doys Hours Min.
USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) EXECUTIVE MASTER CHARGE	BALTIMORE, MARYLAND USA
ATHER'S NAME	14. MOTHER'S MAIDEN NAME
LEON S. WURZBURGER	MARGARET DIAS
vas Deceased Ever in U. S. Armed Forces? no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS 201
YES W.W. I ARMY 212-03-3273A	MRS. RUTH S. WURZBURGER, 2253 ROGENE DR. APT.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	enary arterior clasoris 4 yrs
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, lactory, street, or otc.)	in or about 21C. WHERE DID (If in Baltimare City, give exact location) ffice bldg., INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
IAPPROX.) While At Work At Work	
22. I certify that (I) (this hospital) attended the deceased from	19 70 and that in (my) (aur) opinion death occurred on the date
23A. SIGNATURE	23B. DATE SIGNED
DEGREE Phy	
23C. PHYSICIAN'S NAME (Type) TRVIN SAURER	23D. ADDRESS 6005 DADK HETCHTS AVENUE
	UMID PARK DEIDELS AVENUE

	1 5
mon	/ Court
CO. PHYSICIAN'S	

IRVIN SAUBER

BURIAL CREMATION.	24B. DATE	24C, NAME of	CEMETERY OF CREMATORY
REMOVAL (Specify)			
BURIAL	12-21-70	DRUTD	RIDGE

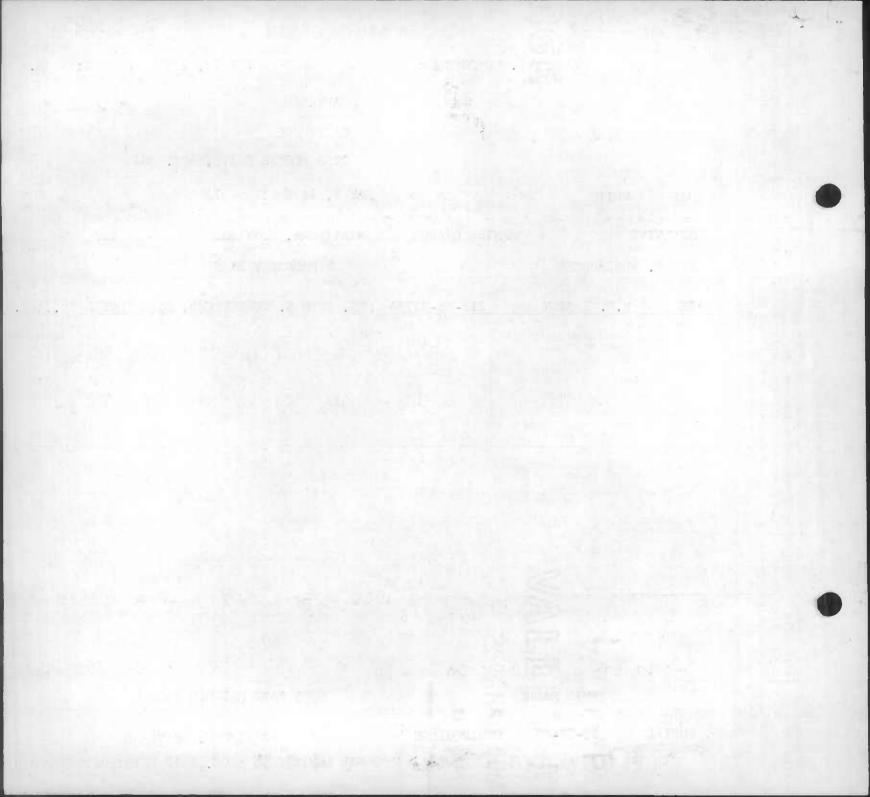
24D. LOCATION

12-21-70 DRUID RIDGE 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT.

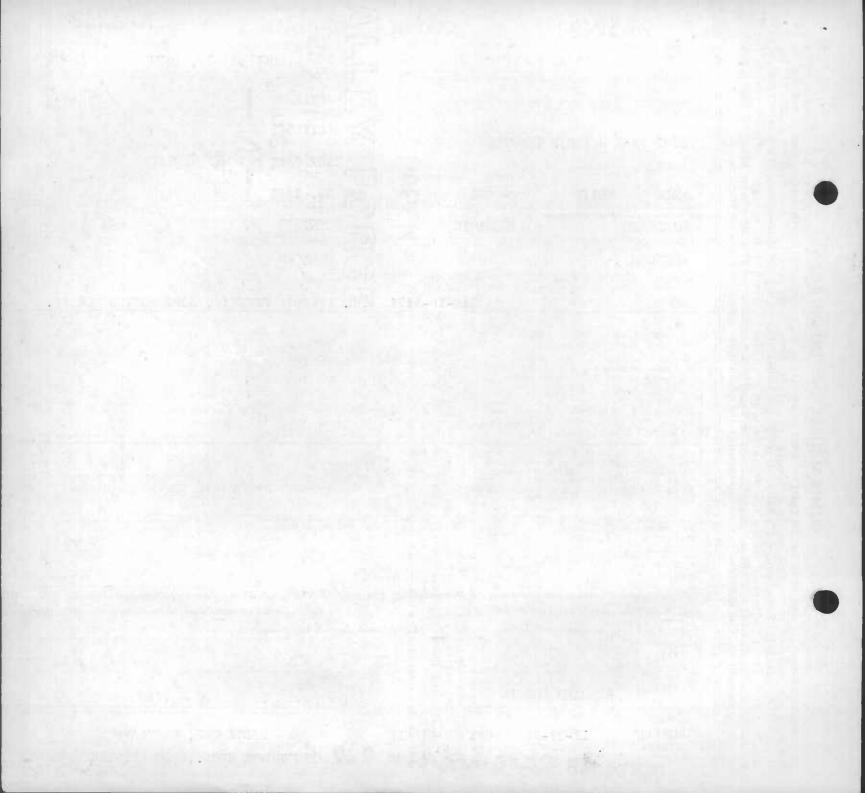
BALTIMORE, MARYLAND

25C. FUNERAL DIRECTOR
SCO. LEVINGON & BROS., 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/6B

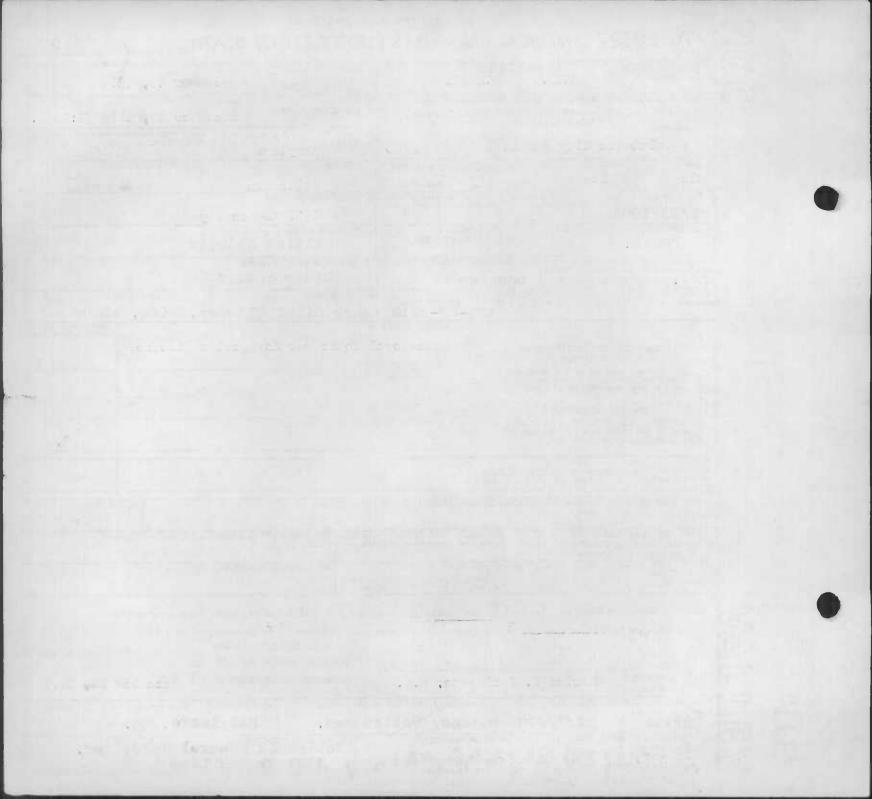


E	BA	LTIMORE CITY	HEALTH DEPARTMENT	3103		
BIR	TH NO. 70 12426 CI	ERTIFICA	TE OF DEATH REG. N	10. 70 12426		
1, N	ISAAC PUSHKIN	177	DECEMBER 20,	. 70 0		
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED D	EAD	4. USUAL RESIDENCE (Where deceased live	ed. If institution: residence before admission)		
HC	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GI SPITAL OR ADDRESS OR LOCATION)	VE STREET	MARYLAND	D. INSIDE CITY LIMITS? YES NO		
M	2502 PARK HEIGHTS TERRACE		E. STREET AND NUMBER	TES NO		
1	0		2502 PARK HEIGHTS T	ERRACE		
5. 5	MARKIED	R MARRIED DIVORCED	B. DATE OF BIRTH 9. AGE (In year lost birthdoy) MAY 30, 1881 89			
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINES to during most of working life, even if retired) HARDWARE MECHANIC	S OR INDUSTRY	11. BIRTHPLACE (State or foreign country) RUSSIA	USA		
13.	FATHER'S NAME UNKNOWN		14. MOTHER'S MAIDEN NAME UNKNOWN			
	Was Deceased Ever in U. S. Armed Farces? 16, SOCI		17. INFORMANT	ADDRESS		
116		0-5171	MR. FREDRIC PUSHKIN, 3	203 NODTHROON DD #8		
ATION	(This does nat meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) stating the UNDERLYING CONDITION last. (CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	DUE TO, OR AS	SOUSEQUENCE OF: SOUSEQUENCE OF: A CONSEQUENCE OF:	20 yrs.		
ERTIFIC /	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH O WAS PERFORMED		IN CERTIFYIN	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?		
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE Of home, form, for	F INJURY (e.g., in octory, street, of	n or obout 21 C. WHERE DID (If in E	Boltimare City, give exact lacation)		
MED	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY (APPROX.) While At Work	Not While At Work	21F. HOW DID INJURY OCCUR?	/ -/		
	22. I certify that (I) (this haspital) attended the deceased fram					
	Jernard Burgin M. 6 23C. PHYSICIAN'S NAME (Type) BERNARD BURGIN	DEGREE Phys	3809 Clarket Lave,	Balto. 15, Md.		
244	A. BURIAL CREMATION, 24B. DATE 24C. NAME of C	EMETERY of CRE	MATORY 24D. LOCATION	(City, tawn, or caunfy) (Stote)		
254	BURIAL 12-21-70 WORKMEN A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGIST	CIRCLE	BALTIMORE, 250 FUNERAL PRICEON & BROS.	MARYLAND ADDRESS 6010 REISTERSTOWN ROAD		
1/5	150-REV. 17/68	1 2	,			

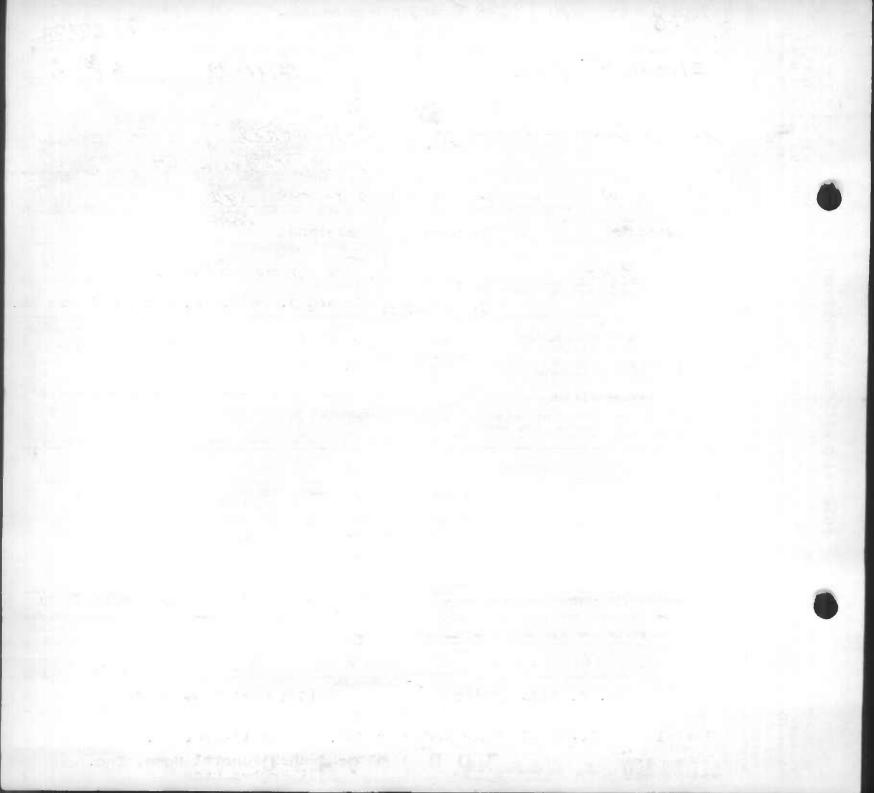


MEDICAL	FXAMINER'S	CERTIFICATE	OF	DEATH
MILDICAL	EVWIMILLEY 2	CERTIFICATE	UL	DEATH

BIRTH NO.	12427	MED	ICAL	. EX	(AMINER'S	CERTIF	ICATE	OF DEA	TH REG. NO	76 12427
	F DECEASED	DONALD		am KLIN	NGER	2. DATE OF DEATH	Known	- Doo	ember 18,	Year 1970 Hour
4. PLACE IN FULL NAME O HOSPITAL OR INSTITUTION	DF (IF NO ADDR				ON, GIVE STREET	3. DATE PRONG	DUNCED DE	AD Month	ember 18,	Yeor Hour 1970 1:20 A. M.
Ва	altimore (City Ho	spita	al	(DOA)	A. STATE	Maryl		B. COUNTY	esidence before odmission)
6. SEX Male	7. RACE White	e	8. MARR WIDOW	-	NEVER MARRIED DIVORCED	C. CITY O	R TOWN Balti	more	D. INSIDE CITY	
9. DATE OF 1/23	/1902	10. AGE (In lost birthdoy	1	if Und Month	der 1 Yr. If Under 24 Hrs. B. Doys Hours Min.	E. STREET	MUM GNA			
_	nna.	on country)			TIZEN OF THAT COUNTRY?		R'S NAME	am Kling		
done during me	OCCUPATION (GIA ost of working lile, ex watchmar	ren if retired)	4B. KIND		USINESS OR INDUSTRY			N NAME Shafer		
16. WAS DEC	EASED EVER IN	U.S. ARMED	FORCES	?	17. SOCIAL SECURITY NO.	18. INFOR	MANT		ADD	RESS
19. /				17	1-03-3212 CAUSE OF DEA		Diehl	Klinge	er, wife,	above
DISEASE TO UNDE	LEADING TO oct not meen the oilure, osthenlo, eitor complication whi ANTECEDENT SES OR CONDITION OTHE ABOVE CA RLYING CONDITION SIGNIFICANT COIL EATH BUT NOT SE OR CONDITION SE OR CONDITION	mode of dyling in means the ch coused deal ch coused deal ch coused see the ch coused see the ch coused see the ch coused see the children ch	GIVING NG THE	ING	(A) IMMEDIATE OF DUE TO, OR A	AS A CONSE		-8		
-	TE OF OPERATION	208. CON	DMONI		VHICH OPERATION WA					NO
UNDERLY	RY	TRIB-	(Hour) 228	ACE OF INJURY (e.g., form, loctory, street, office	WHILE	INJURY OCC	DID (If in Bolism		ocation)
ACT SIGI EXA	certify that I h esulted from: N TUAL NATURE MINER'S ME (Type)	latural caus	quiry [Ac	. 🖂	lopsy H	omicide CHIEF MEDI	1		DATE SIGNED
	CREMATION, 2	48. DATE	70		NAME of CEMETERY			24D. LOCATION Balti		r county) (State)
25A. DATE RE	DEC 23 1		258. NA		OF REGISTRAR			RECTOR Fune	ral Home	
VS 151.REV 1	12/48				The state of the s	7-1	433T	Brehms	Lane	



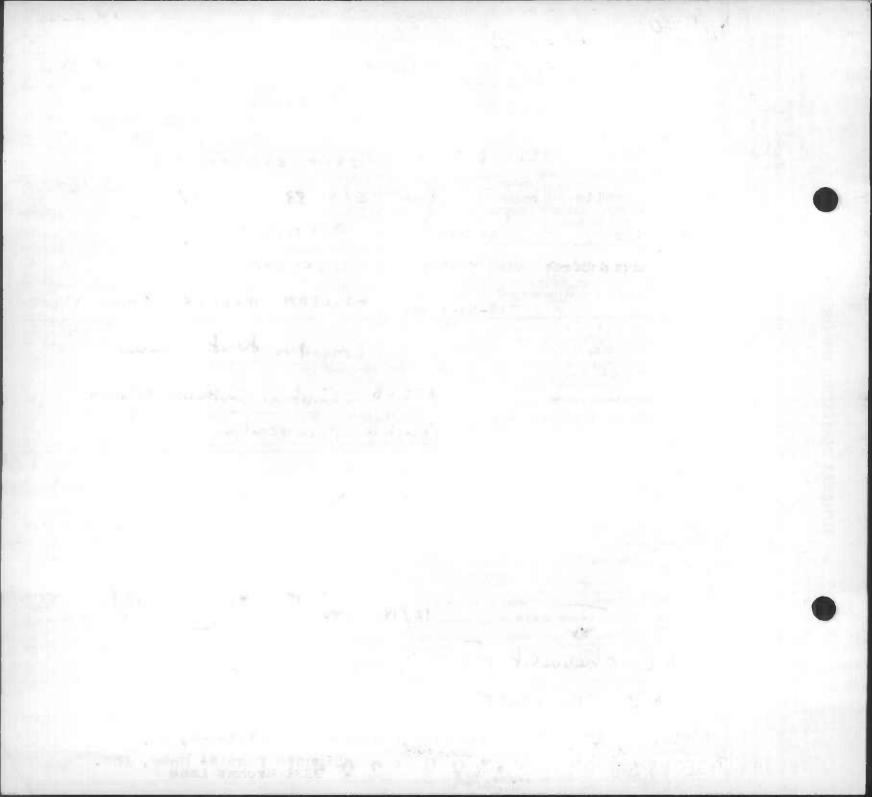
0-18	70 1248	8 BALTIMORE CITY	HEALTH DEPARTMENT			
Y-360			TE OF DEATH	REG. NO	70 124	20
BIRTH NO.		OZKIII IC/			and Jan	5 ()
(Type of Print) K.	Poto			17- 70	1 30	
3. PLACE IN BALTIMORE MARYLAN	D, WHERE PRONOI	UNCED DEAD	4. USUAL RESIDENCE (When	re deceased lived. If	institution: residence before or	dmission)
FULL NAME OF (IF NOT IN H HOSPITAL OR ADDRESS OR	OSPITAL OR INSTITU	JTION, GIVE STREET	MARYLAND	/	70:	3
INSTITUTION CARDO	NS CON	UAlesANT	C. CITY OR TOWN	D. IN	YES NO NO	
HARford GARde		Heme	E. STREET AND NUMBER		YES NO L	
5. SEX 6. RACE	7				57.	
FW	WIDOWED		10-8-1888	9. AGE fin years lost birthday!	Months Doys Hours	r 24 Hrs. Min.
10A. USUAL OCCUPATION (Give kind done during most of working life, even if re Housewife		at home	Maryland	gn countryl	12. CITIZEN OF WHAT	OUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	ME		
John Hirt			Jose phin	0 515	' H	
15. Was Deceased Ever in U. S. Arm. (Yes, no or unknown! (II yes, give wor o	ed Forces?	16. SOCIAL	17. INFORMANY	200	ADDRESS	
(Yes, no or unknown) (II yes, give wor o	or dates of servicel	SECURITY NO.	Richard I F	Potr son	3802 Frankfor	A A
18. 4./		213-48-2962 CAUSE OF DEAT	+	- c., 3011,		
DISEASE OR CONDITIO	N DIRECTLY		io silvatic E	./1	APPROXIMATE IN	
LEADING TO DE				- V pinai	~ 10 m	
(This does not mean the made	le of dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:			
heart lailure, asthenia, etc. It minjury or camplication which co	neans the disease,					
ANTECEDENT CA	USES					
DISEASES OR CONDITIONS,	if any, giving	(B)DUE TO, OR AS	A CONSEQUENCE OF:			
rise to the above cause UNDERLYING CONDITION to:						
ONDERENING CONDITION IG	No	(C)		*******************		
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATED TO THE DEATH BUT	S CONTRIBUTING					
DISEASE OR CONDITION GIVEN I	N PART 1 (A).	VHICH OPERATION	20A. AUTOPSY? (Yes or No	1 200 to vee week	F FINDINGS CONSIDERED	
	S PERFORMED	MICH OFEICHON	ZV. AUTOFST, ties of Ho		E FINDINGS CONSIDERED AUSES OF DEATH?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)		e, form, foctory, street, o	n or obout 21 C. WHERE DID firce bldg., INJURY OCCUR?	(If In Boltim	ore City, give exact location)	
O 21D-TIME (Month) (Doy)	Yeorl (Hour) 21E	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
S OF INJURY	Whi	le At Not While				
22 1 45 4 (1) (4) 4	Wor			~ of .	December 1710	-
22. I certify that (I) (this has			(Cestale 15)	deministration () security	therefore the contract of the	monto dell'unneg
that (1) (we) last sow the dec			15 19 70 ond the	at in (my) (eer) of	inion death occurred on	the dote
and haur and from the cause:	stated above. (1)) (We) (did not) v	lew the body ofter death.		loop DATE CONTR	
() Cll	a/	Atte	nding Med.	Stoff	238, DATE SIGNED	
23C.PHYSICIAN'S		DEGREE	Director	Phys.	12/18/70	
NAME (Type)	. Allan S		23D. ADDRESS 1501 P	entridge	Road	
24A- BURIAL CREMATION, 24B. DA	TE 24C. NA	ME of CEMETERY OF CRI				(Stotel
Burial 12		oly Redeeme		ltimore,		
25A. DATE REC'D BY HEALTH DEPT.		F REGISTRAR				
DEC 23 1971 Page	BE Jailen	ALD O	25C FUNERAL DIRECTOR	Funeral H	Home, Inc.	
VS 150-REV. 1/1/68		1000	3331 Bre	hms Lane		



IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

D. INSIDE CITY LIMITS YES A NOF Il Under 1 Yr. Il Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS SAME ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (If in Boltimore City, give exoct location) and that in(my) (aur) opinion death accurred on the date 23B, DATE SIGNED (City, town, or county) (Slote)

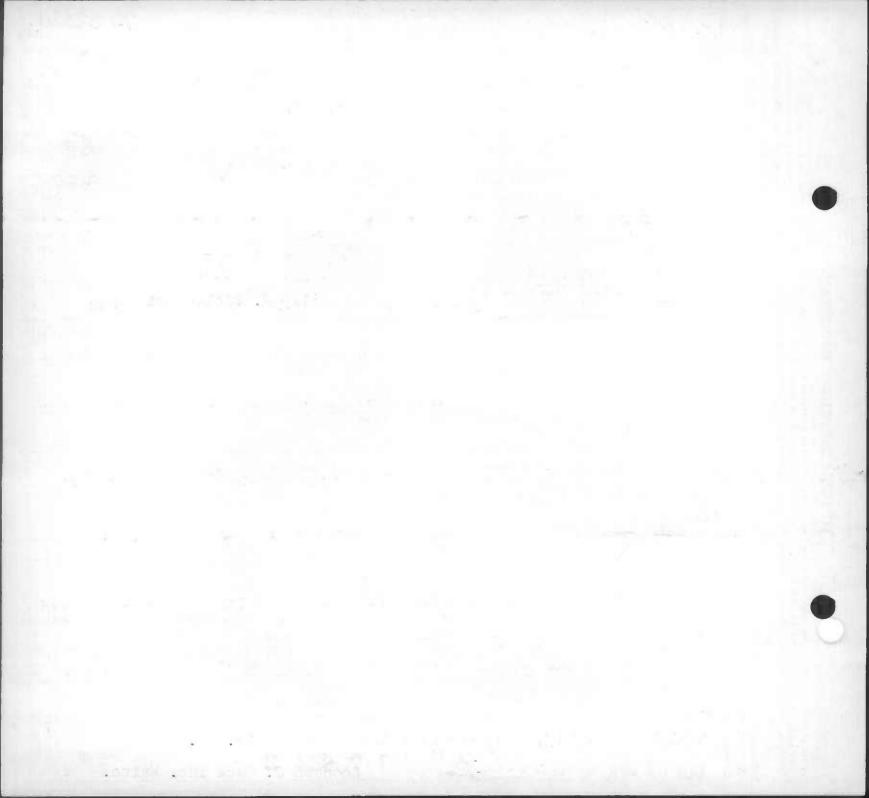


FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

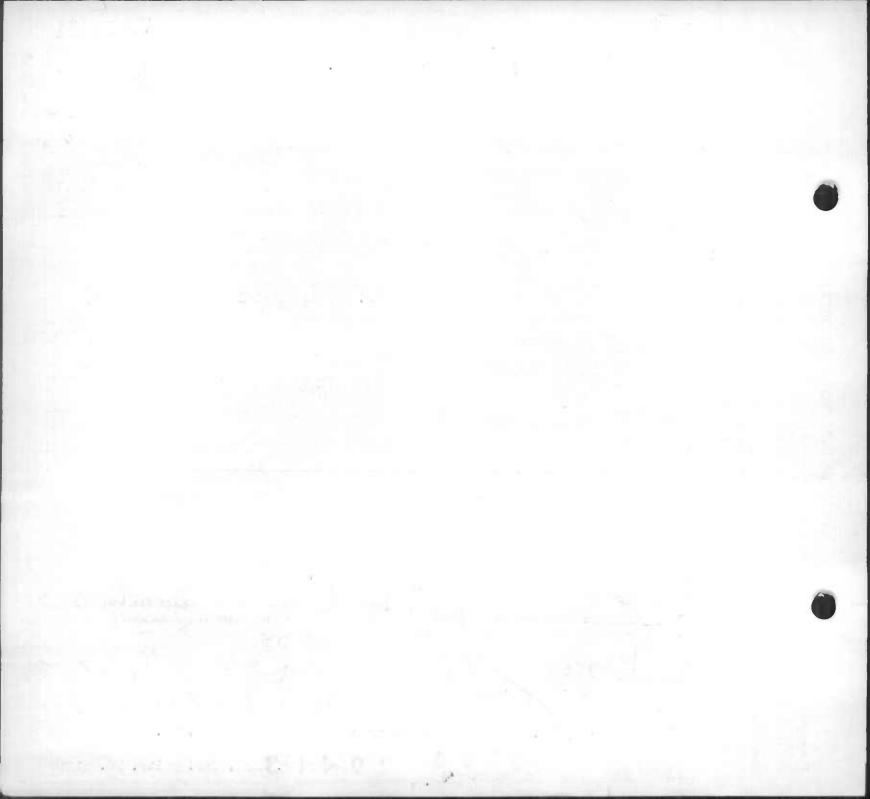
VS 150-REV. 1/1/68

-	Z-422 70 12	100		HEALTH DEPARTMENT		70 12430
Bt	RTH NO.	200	CERTIFICA	TE OF DEATH	REG. NO	
	NAME OF DECEASED	- 1- 4			AND HOUR OF DEATH	
	LATHERINE J	· ZioL	KOWSKI	D.	ec. 21, 19	70 6. P. M
	PLACE IN BALTIMORE, MARYLAND, V	VHERE PRONO	UNCEO DEAD	A. STATE B. COT	here deceased lived, If	institution: residence beloro admission)
FH	STITUTION		SUTION, GIVE STREET	C. CITY OR TOWN		SIDE CITY LIMITS?
	CHURCH HOME ANS	Hospi	TAL	BALTIMOR		YES NO
-	3.5			6054 MORAV		
5.	SEX 6. RACE	7. 44 4 5 5 4 5		8. OATE OF BIRTH	9. AGE (In years	
	FW	WIDOWED		9.2.09	last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Oays Hours Min.
do.	A. USUAL OCCUPATION (Give kind of worne during most of working lile, even if retired)	LIOB, KINO O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
	HOUSEWIFE			MARYL	4.413	AMERICA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	MICKICA
	EUGENE KOFRI	-0				
5	Wos Occosod Ever in U. S. Armod For	EK.	1 6. SOCIAL	ELLA 17. INFORMANT	SCROWGS	
ΙΥe	s, no or unknown) (If yes, give wer or dote	es of service)	SECURITY NO.	17. INFORMANT		AOORESS
	no		120-24-3204		JANZiolkow:	same
	18.202,21		CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	DISEASE OR CONDITION DI	RECTLY				
	LEADING TO DEATH (This does not meen the mode of	duine no		SE Andenna & Th	from body to pe	wa unknown.
	heart foilure, asthenia, etc. It means	the disease,	DUE TO, OR AS	CONSEQUENCE OF:		
	injury or camplication which caused		0 11			
	ANTECEDENT CAUSES		(B) Bone Mo	A CONSEQUENCE OF:	hy Ca,	Unknown.
	DISEASES OR CONDITIONS, II	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	0	
	rise to the above cause (A) UNDERLYING CONDITION lost.	stating the	(c)			
			(0/100000000000000000000000000000000000			
NO	OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING	Care	ia left low	1.1.	7 days.
ATI	TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR	HE TERMINAL	Incuen	ca sign soon	ou jove	1 days.
ERTIFIC	19A. DATE OF OPERATION 19B. CON WAS PER	DITION FOR	WHICH OPERATION	NC	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
CE	21A. ACCIDENT WAS UNDERLYING	21B	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If In Boltimo	re City, give exoct focotion)
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify modical examine)	hon elc.	10, form, foctory, street, all	ico bidg., INJURY OCCUR?		
EDI	OF INJURY (Month) (Doy) (Year)		INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
ξ	(APPROX.)	Wh	ile At Not While			
	22. I certify that (1) (this hospital			2 . 5 .	19 70 to	12.21. 19.70
			. 0			
	that (1) (we) last saw the decease			and f	that in (my) (aur) ap	nian death accurred an the date
	ond haur and from the causes state	red abave. (i	7) (We) (dld) (did not) vi	ew the bady after death	•	
		100	M.D Atter	ding Med.	54.8	23B. DATE SIGNED
	Kustum	· Tran	OEGREE Phys.	Director L	Stoff Phys.	12/21/70
	23 C. PHYSICIAN'S NAME (Type) RUSTUM	IRAN	11	3D. ADDRESS CHURCH HO	ME AND H	OSPITAL
24	A BURIAL CREMATION 1248 DATE	240.31	DEGREE			
_ 71	BURIAL CREMATION, 24B. OATE		AME of CEMETERY of CRE			ity, town, or county) (State)
25	Burial 12/24,		rdens of Fai		alto. Md.	
23/	OATE REC'O BY HEALTH DEPT.	258 NAME	F AEGISTRAR			AODRESS
	TELES BILL COSCO	مر المراجعة	1	Leonard J.	uck Inc.	Balto.



This certificate the body was shows: (1) An awas D.O.A. at deceased prior	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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D 5/12 BALTIMORE CITY HEALTH DEPARTMENT	
BIRTH NO. 70 12431 CERTIFICATE OF DEATH REG. NO. 70 12431	
1. NAME OF DECEASED	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admit	M.
A. STATE PLU & COUNTY	S SION)
HOSPITAL OR ADDRESS OR LOCATIONI INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET) (IF NOT IN HOSPITAL OR IN HOSPIT	-
25 DAITING YES NO	
E. STREET AND NUMBER 133, S. CENTRAL AVENUE	
	Hrs.
WIDOWED DIVORCED 1 4/7/15: Ides Dirinday) Months Days Hours M	iin.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COU	NTRY?
SECRETARY MARYLAND U.S.A	
13. FATHER'S NAME	
HNTHONY RINACOI THERESA RICCIARDI 15. Was Deceased Ever in U. S. Armed Forces? 116. SOCIAL 17. INFORMANT	
16. SOCIAL 17. INFORMANT III yes, give wor or dates of services 16. SOCIAL 17. INFORMANT III yes, give wor or dates of services NO NO Martin Binary ADDRESS Same 2/2-/2-0063	
CAUSE OF DEATH APPROXIMATE INTERV BETWEEN ONSET AND D	VAL S
LEADING TO DEATH	
(This does not mean the made at dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.)	>.
DISEASES OR CONDITIONS, it any, giving (B) CARCINOMA BREASTLE DUE TO, OR AS A CONSEQUENCE OF:	
ise to the above cause (A) stating the UNDERLYING CONDITION tast.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B- CONDITION FOR WHICH OPERATION 20A-AUTOPST? (Yes of No.) 20B- IF YES, WERE FINDINGS CONSIDERED IN CEPTIES OF DEATH?	
THE STANCE PROPERTY WAS INDESCRIPTION OF THE STANCE OF THE	
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	
21D. TIME (Manth) (Dayl (Yout 1Haud) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
Mork At Work	
22. I certify that () (this hospital) attended the deceased from full the to 19 to 166 the tale 1019	10
that (1) (we) last saw the deceased alive on Ullian us to 19 70 and that in (my) (our) opinion death accurred on the	date
and hour and from the causes stated above. (1) (We) (did) (\$15 not) view the body after death.	
Attending Med. Shaff Phys. Director Phys. Director Phys. Director Phys. Director Dir	ton
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	115
VICENTE Th. PAS CUICAD Church Fine + Halls to	,
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY BURIAL (Specify) 12/23/70. Holy Redeemer Cemetery Baltimore, Md.	le)
25A. DATE REC'D BY HEALTH DEPT. 25R. NAME OF REGISTRAN 25C. FUNERAL DIRECTOR ADDRESS	
DEC 23 1970 Usbert E. Taille A. J. Degnrd J. Ruck, Inc. Balto. Md. 21214	
VS 150-REV. 1/1/68	



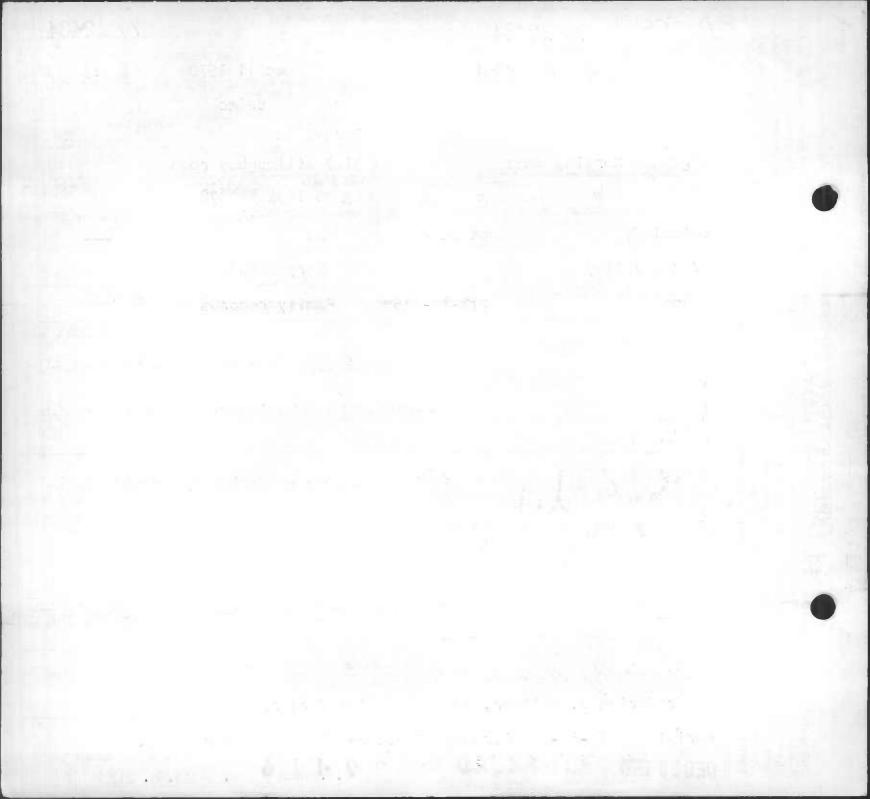
VS 151-REV. 7/1/68

. - 22 And the state of t

G-200	BALTIMORE CITY	HEALTH DEPARTMENT	76 12433
BIRTH NO.	2433 CERTIFICA	TE OF DEATH Registered No.	
M.E. CASE NO.	021(11110)		
(Type or Print)	STATE OF THE PARTY	2. DATE AND HOUR OF DEATH	2 60 1
Hallie Sav		2001191	970 2 3 Am.
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	A. STATE B. COUNTY	institution: residence before admission)
FULL NAME OF (If not in hospital HOSPITAL OR oddress or location	ar institution, give street	Md. Frede	(01) (1) (1)
INSTITUTION		C. CITY OR TOWN (If outside city limits, write	RURAL ond give fownship)
		Emmitsburg,	
O C1214 North 62 Baltimore, Md.	St.	D. STREET ADDRESS (If rural, give locotion) RD 1	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
Female White	WIDOWED, DIVORCED (specify) WIDOWED	9-18-1881 1089 1089	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of wor	108 KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
done during most of working life, even if retired) HOUSEWITE	Own Home	Frederick Co.	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
George Wolfe		Cordelia Robert	S
15. Was Deceased Ever in U. S. Armed Fo (Yes, no or unknown) (If yes, give war at date		17. INFORMANT	ADDRESS MC
No	220-30-7655	Victor Wolfe 1712 So	loman Rd. Balto.
1B X	CAUSE O	F DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DI	RECTLY	1	ONSET AND DEATH
LEADING TO DEATH	(1)	Keumalic Heart dues	100
(This does not mean the mode of	dying, e.g., DUE TO	heumatic Heart due	
heart foilure, osthenio, etc. It meons	the disease,	1 ()	2
injury or complication which caused	1 deom.)	econd-thurons of end	
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, if	ony, giving	- 100	7
use to the above couse (A)	stating the (C)	Erroxelerosis Jeneralize	
UNDERLYING CONDITION last.		0	
11			
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING			
U 194 DATE OF OPERATION 198 COM	NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES. WERE	FINDINGS CONSIDERED
WAS PER			AUSES OF DEATH?
W ON A SCIENT WAS INDESTRUCTED	loss of the second	1 1016 11111111111111111111111111111111	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of	fice bldg., INJURY OCCUR?	re City, give exact location)
DEATH (notify medical examiner)	etc.)		
O 21D. TIME (Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURY	While At Not While		
(APPROX)	Work At Work	7 1 0	10
22. I certify that (1) (this haspite	t) attended the deceased from	DOLIG 1800 to 1	SC: 19 1970.
		P 19 70 and that in (my) (aux) ap	
that (I) (we) lost saw the decease	ed office on	and that in (my) (que) ap	inion death accurred on the date
and haur and from the causes sta	ted above. (1) (We) (did) (did not) v	iew the body ofter death.	
23A. SUSNATURE			238, DATE SIGNED
Loris & Klus	OS nch - M.D. Atte	med. Stoff Phys.	20,191071
23C. PHYSICIAN'S		s. Director Phys. L	Dec. 19,1970
NAME (Type)		110111 0 0 1.1.1.	Dor and
LOUIS F. KL	IXAES M.D M.D.	4814 Dowley Kanl	pall, mg. 21201
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE	EMATORY 24D. LOCATION (C	City, town, of county) (State)
REMOVAL (Specify)	70 Tarrich arm Cam		
Burial 12-22-			
25A; D'ATE REO'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. EUNERAL DIRECTOR	ADDRESS
FC23 MM QLAC	A COLOR	Ray Ray	mond E. Creager
VC 150 PEV 1/1/45	The state of the s	the district of the control of	-Thurmont, Md.

. The last service the good to a major to be seen THE PARTY OF THE PARTY OF THE PARTY. Turken surer to "- 15-14" to

BALTIMORE CITY HEALTH DEPARTMENT 76 12434 CERTIFICATE OF DEATH pital and of death n the Such Deceased BIRTH NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) ORA hospital DEAN 11 1970 Dec 0 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY ance etermined cause; (5) cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN attend 0 D. INSIDE CITY LIMITS? 0 Parkville NOX YES prior contributing E. STREET AND NUMBER occurred Edgewood Nursing Home 3127 Willoughby road ular made 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (In years Il Under 1 Yr. Months: Days If Under 24 Hrs. Hours : Min. deceased Hours May 26 5 1892 WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY? sposition death i. done during most of working life, even if retired) 0 pu Saleslady Dept Store Md USA SD 0 13. FATHER'S NAME the direct 14. MOTHER'S MAIDEN NAME (4) dacob Bailey Mary Dahuff assistant eath 00 O 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS final ance -16-3159 No Family records O any pronounced CAUSE OF DEATH OF APPROXIMATE INTERVAL attend BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY pe (3) A fracture of LEADING TO DEATH E (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: 0 heart failure, osthenia, etc. It means the disease, gular ٩ injury or complication which caused deoth.) em ANTECEDENT CAUSES who 9 are DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the = physician UNDERLYING CONDITION lost mains chief medical Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING rei physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) the (2) Body the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 0 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? efore 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Baltimore City, give exect location) the body was released to the hospital No N MEDICAL DEATH (natify medical examined) etc.) any nature; 9 be obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except Not While While At (APPROX.) and Work At Work 22. I certify that (1) (this hospital) attended the deceased from 12-7 that (1) (we) lost saw the deceased alive on, _ond that In(my) (aur) opinion death occurred on the date eath) of hospital deat and hour and from the causes stated above. (1) (We) (did not) view the body after death. shows: (1) An accident 23A. SIGNATURE 23B, DATE SIGNED Attending [0 Staff pproval 23C. PHYSICIAN'S at a prior 23D. ADDRESS certificate NAME (Type) Frederick J. Vollmer, 6100 York road D.O.A. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY deceased 0 24D. LOCATION (City, town, or county) written Parkwood Cemetery Baltimore Md. Was 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Evans & Son. Balto.Md. VS 150-REV. 1/1/68



the

attendance

Such uo.

to death.

prior

are embalmed or final disposition is made.

1 2	8-100	5.	3 9 8 9		HEALTH DEPARTMENT	REG. NO.	70 12435
	KTH NO.		the Carl	CERTIFICA			
	rpe or Print)	Carl Star	nley Ra	fa		AND HOUR OF DEATH	70
3,	PLACE IN BALT	IMORE MARYLAND, W			4. USUAL RESIDENCE (W	here deceased lived. Il	institution: tesidence belore admission)
FI	JLL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITATION)	UTION, GIVE STREET	Florida	литү	V-08
		c Health Ser	vice Ho		Miami	D. IN	SIDE CITY LIMITS?
	×3100	Wyman Parkway	y		6447 NE FIR	st Ave.	
5.	SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	If Under 1 Yr., If Under 24 Hrs.
	M	W	WIDOWED		5/14/18	lost birthday	Months Doys Hours Min.
10. do	A. USUAL OCCU	PATION (Give kind of work rorking lile, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slote or lo	reign country)	12. CITIZEN OF WHAT COUNTRY
	Chief En	gineer	Tuy	Brown	Conn.		USA
13.	FATHER'S NAM		0		14. MOTHER'S MAIDEN N.	AME	
	Anth	nony Rafa			Carolin Z	beaky	
15. (Ye	Wos Deceosed s, no or unknown)	Ever in U. S. Armed Fore	es?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	71411	ADDRESS
	No		0. 00111001	043-18-8959	Records- US	PHS Hospita	l. Balto. Md.
	18. 162	. / 1		CAUSE OF DEATH			APPROXIMATE INTERVAL
		OR CONDITION DIR	ECTLY		A 3 3		BETWEEN ONSET AND DEATH
	This does no	EADING TO DEATH	dvina e.a.	(A) IMMEDIATE CAU	2E	oma right lu	ng 1 yr.
	hearl loilure, c	sthenio, etc. it means dication which caused	the diseose.	DUE TO, OR AS	A CONSEQUENCE OF:		
		NTECEDENT CAUSES	26011191				
		CONDITIONS, II	nv. oivina	(8)	A CONSEQUENCE OF:		
	rise to the	obove cause IA) CONDITION last	sloling the				
	ONDERLING	CONDITION last.		(C)			
VION	TO THE DEATH	ANT CONDITIONS CON BUT NOT RELATED TO TH	FTERMINAL				
FICA	19A. DATE OF	NDITION GIVEN IN PART	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or N	(a) 208, IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC	21	WAS PERF	ORMED		yes	IN CERTIFYING CA	USES OF DEATH?
CALC	OR CONTRIBUT DEATH (notily r	WAS UNDERLYING TING CAUSE OF	21 B. hom etc.)	e, form, foctory, street, off	or obout 21 C. WHERE DID		re City, give exact location)
MEDI	21 D. TIME OF INJURY	Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
8	(APPROX.)		Whi	le At Not While			
22. I goestfu show (1) (able harmlant) quantitative to Sont Q							
	that (N (we) last saw the deceased alive an Dec. 17 19 70 and that in (my) (aur) apinian death occurred an the dat						
	and have and	from the causes state			ew the bady after death.	intwitt foott apt	man death occurred an the date
	23A. SIGNATUR		2 0		, , , , , , , , , , , , , , , , , , ,		23B, DATE SIGNED
	23C. PHYSICIAN	4 9. (-to	ld_		ding Med.	Staff Phys.	12/18/70
	23C. PHYSICIAN NAME (Typ				US PHS HOSD	ital, Balto,	Md.
	Gary .	E. Feldman. S	urgeon	(R)	The contract		2-7-4- 0

CEMETERY OF GREMATORY

This certificate RGB

was D.O.A. at a hospital

the body was released

VS 150-REV. 1/1/68

REC'D BY HEALTH DEPT.

24A. BURIAL CREMATION, REMOVAL (Specify)

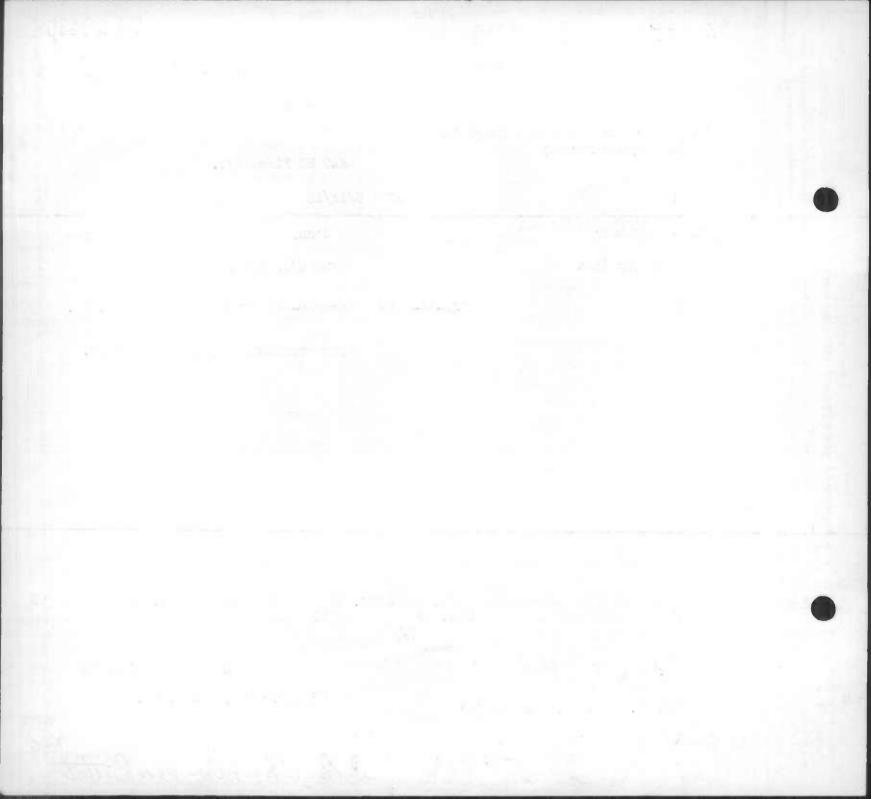
258, NAME OF

FUNERAL DIRECTO

(City, town, or county)

ADDRESS

24D. LOCATION



h occurred in a hospital and contributing cause of death termined cause; (5) Deceased regular attendance on the ceased prior to death. Such is made.	
approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the be obtained before the remains are embalmed or final disposition is made.	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.	
the body was released shows: (1) An accident o was D.O.A. at a hospita deceased prior to death written approval must k	

5.	-536	70 3	243	BALTIMORE CITY	Y HEALTH DEPART		REG. NO.	70	12436
BIRTH N				CERTIFICA	TE OF DE	AIH	REG. NO.	7.0	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Туре ог				AMUEL	2.	DATE AND HO	OUR OF DEATH	1	055
3. PLAC	CE IN BALTIMORE	MARYLAND, W	HERE PRON	OUNCED DEAD	4. USUAL RESIDER	NCE (Where dec	eosed lived, II ins	lilution: reside	nco before admiss
FULL N HOSPIT	AL UK A	NOT IN HOSPIT	AL OR INST	MIUTION, GIVE STREET	MD.		MORE	1	736
	11	ACOITAL	DE TO	BALTIMORE	BALTI	MORE		YES LIMITS	No \square
31	NAI H	03811110	0. 0.	שווה(דורוסונה	E. STREET AND N			IES [3]	NOL
7					3033	LABYR	INTH &	0. #	15
5. SEX	6. RAC	W	WIDOWE		8. DATE OF BIRTH	84 lost bi	86	II Under 1 Y Months Doy	6 Il Under 24 Hours Mir
tOA, USU done duri	IAL OCCUPATION	(Give kind of work	108 KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (SI	ote or loveign cor	untryl	12. CITIZEN	OF WHAT COUN
6	Kel		1	ulor	Rus	in		()	500
13. FATH	IER'S NAME				14. MOTHER'S MA	IDEN NAME		01	000
1	Kook				mer	4.			
15. Wos (Yes, no o	Deceased Ever in runknown) (II yes,	U. S. Armed Fore	es?	1 6- SOCIAL SECURITY NO.	17. INFORMANT	an		ADI	DRESS
N	10			21402 -3469	P. b	P	-00	211	13 m.09
18.	4 36	1		CAUSE OF DEAT	H Jacks	t owen	Max	J API	PROXIMATE INTERV
		ONDITION DIR	ECTLY					BETWE	EEN ONSET AND DE
(This	LEADIN s does not mea	IG TO DEATH	Admin	(A) IMMEDIATE CAL	ISE		PIRATIO	N	15 min
heor	rl lailuie, asthenia	, elc. il means	the disease	DUE TO, OR AS	A CONSEQUENCE OF	:			
Injui	y ar complication	DENT CAUSES	deoth.)			. 10	WAR AC		17 1.
DISE	EASES OR COL		***	(B)	A CONSEQUENCE O		mys //c	<i>C</i> . /	5 days
nse	lo the obove	e cause (A1	sloting th	e DOL 10, OK AS			EROSIS		
UNI	DERLYING CONE	DITION lost.		(c)	MOLIC	KIOSCL	E860217		years
O THE	ER SIGNIFICANT C	ONDITIONS CON	ITRIBUTING		PA	JENMON	UIA		10 day
C DISE	ASE OR CONDITIO	N GIVEN IN PART	1 (A).	WHICH OPERATION					negz
19A.	DATE OF OTERA	WAS PERF	DRMED	WHICH OPERATION	A CO	es or No) 20B, IN (IF YES WERE FIN	ES OF DEAT	ISIDERED H7
U 21A.	ACCIDENT WAS	UNDERLYING	21	B. PLACE OF INJURY (e.g., in	or about 21 C. WHER	E DID	(If In Boltimore	City alva area	al langet and
DEAT	CONTRIBUTING THE (notify medical	exomined	ho	me, lorm, foctory, street, of	fice bldg. INJURY O	CCU R?	pr m semmere	PHAT BILL GYOU	LI IOCORON)
21D.	TIME (Month)	(Doyl (Year)	(Hour) 21	E INJURY OCCURRED	21F. HOW	DID INJURY O	CCUR		
(APPI	NJURY ROX.)		w	hile At Not While			000 K.		
22. 1	constitution (1)	(ship hearing)		ork At Work	12-	6 1 17	8	0 10	-
	(1) (we) lost so				6 19 70	6-197		2-19	19
	-					_and that in (r	ny) (aur) apinio	in death ac	curred on the d
23A. S	SIGNATURE	A /	Ja A	(1) (We) (did) (did nat) vi	ew the bady after	death.	la.		
	(//	Lundy 4	///	M D Atter	nding Med.	Stoff [7	BR DATE SIG	NED
23C. F	PHYSICIANS	100005 /	lan	DEGREE Phys.	3D. ADDRESS	Phys. L			
1	NAME (Typel JU	LES WA	GHEL						
24A. BUR	IAL CREMATION,	24B. DATE	24C. N	AME OF CEMETERY OF CRE	MATORY	24D. LOCATIO	N (City	lawa as as	and terms
C	NOVAL (Specily)	12/ad	10 n	stl. O	0 0, , = 0	Q T	t lony.	town, or coun	Stole!
25A. DAT	E REC'D BY HEA	LTH PERT.	SINAME	OF RECISTRAR ()	250 FUNERAL D	RECTO :	la	. 41	MA
DEC	23 1970	Jase & E	Jaiber		July van	Louis	dson 9	610 Read	terston
/S 150-RI	EV. 1/1/68		- Andreas			0 (

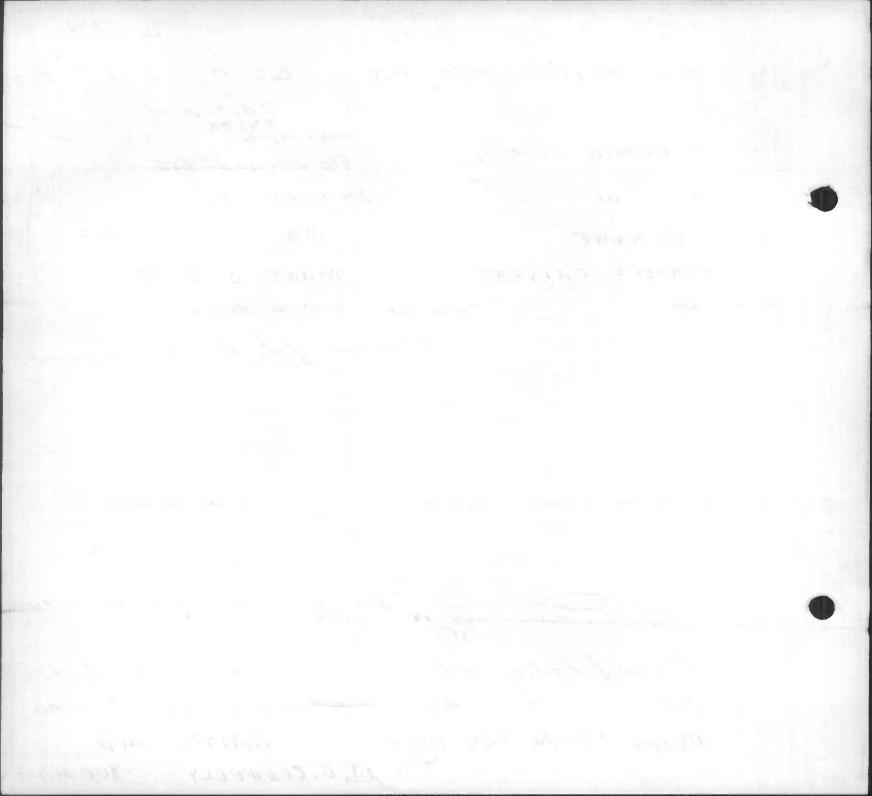
3833 Labyrinth Rd

This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

BI	K-400 70 12437		HEALTH DEPARTMENT	X REG. NO	70 12437		
1.	NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH			
	KYLE. FRED THOMAS			17 70	nstitution: residence before admission)		
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE (Wh.	ere dacaased lived. If it	nstitution: tesidence before admission)		
FI	OLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTIO	N, GIVE STREET	MARYLAND	ANNE ARL	JNDEL 5 2/17		
III.	OSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN		SIDE CITY LIMITS?			
	// ST. AGNES HOSPITAL	N. LINTHICUM		YES NO			
	70		26 ELEANOR AVENDE				
5.	SEX 6. RACE 7. MAPPIED 7	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	If Under 1 Ye. If Under 24 Hes.		
	MALE WHITE WIDOWED	DIVORCED	09 28 05	lost birthday)	Months Doys Hours Min.		
10.	LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (State or face	eign country)	12. CITIZEN OF WHAT COUNTRY		
11		ENGINEER IAL ASSOC	MAINE		U.S.A.		
	FATHER'S NAME	TAL ASSUC	14. MOTHER'S MAIDEN NA	ME			
	UNKNOWN		UNKNOWN				
15.	Was Deceased Ever in U. S. Armed Forces? 16.	SOCIAL		LAVEC DAL	TO MD ADDRESS 01000		
(80		86 14 632	L.A.UIV	AVES BALTHOSPITAL RI	ECORDS WILKENS &		
	18. / 4. / , 1	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH		11				
	(This does not mean the made of dving, e.g.,	(A) IMMEDIATE CAU	SE MYPOVOLE A CONSEQUENCE OF:	mIA	3 Hours		
	heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)	DUE 10, OK 25	CONTRUCTOR:				
	ANTECEDENT CAUSES	RUPTUR	EO ACKTIL	ANESRYSA	n 18 HOURS		
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14081 ER -		
	rise to the above cause (A) stating the ARTER		VALCULAR	DISSASS	MINATE		
	11	(C)					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A),	CARO	MAL ARRE	=5 T	3 HOURS		
FIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	H OPERATION	20A-AUTOPSY? (Yes or N	o) 208, IF YES, WERE	FINDINGS CONSIDERED		
ERTIF	RUPTURED ANE	seysm	163	IN CERIFING CA	DSES OF DEATH!		
AL C	21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF home, for	CE OF INJURY (e.g., ir	i or about 21C. WHERE DID	(If In Baltimor	re City, give exoct location)		
DICA	DEATH (natify medical examiner)						
MED	(APPROY) While A	Not While	21F. HOW DID IN.	IURY OCCUR?			
	TYOIK			70	12 17 - 70		
	22. I certify that (1) (this hospital) attended the de			19 70_ta	19 / 0		
	that (1) (we) last saw the deceased alive on				nian death accurred an the date		
	and haur and from the causes stated above. (() (W. 23A. SIGNATURE	e) (did) (did, not) v	lew the bady after death.		220 DATE SIGNED		
	mal mo	Atter	Med.	Staff 102	12/12/70		
	23C, PHYSICIANS	DEGNEE	3D. ADDRESS	Staff Phys.	1-////		
	23G. PRISICIANTS F. N. BURT, MD			,	7		
24	F.N. BURT M. D.	OF CEMETERY OF CRE	ST. AUNES H	OCATION IS	ALTIMAE MO.		
	REMOVA! (Speciful	len Haven	Memorial B	altimore.	Maryland (Stote)		
Ш							
D	EC23 1911 Judges E. Joseph R.	y v	George J.	Gonce 4001	adRitchie Hwy.		
Ve	150 PEV 1/1/49		T Dal Clinot	e, mary tan	14 L1.LL)		

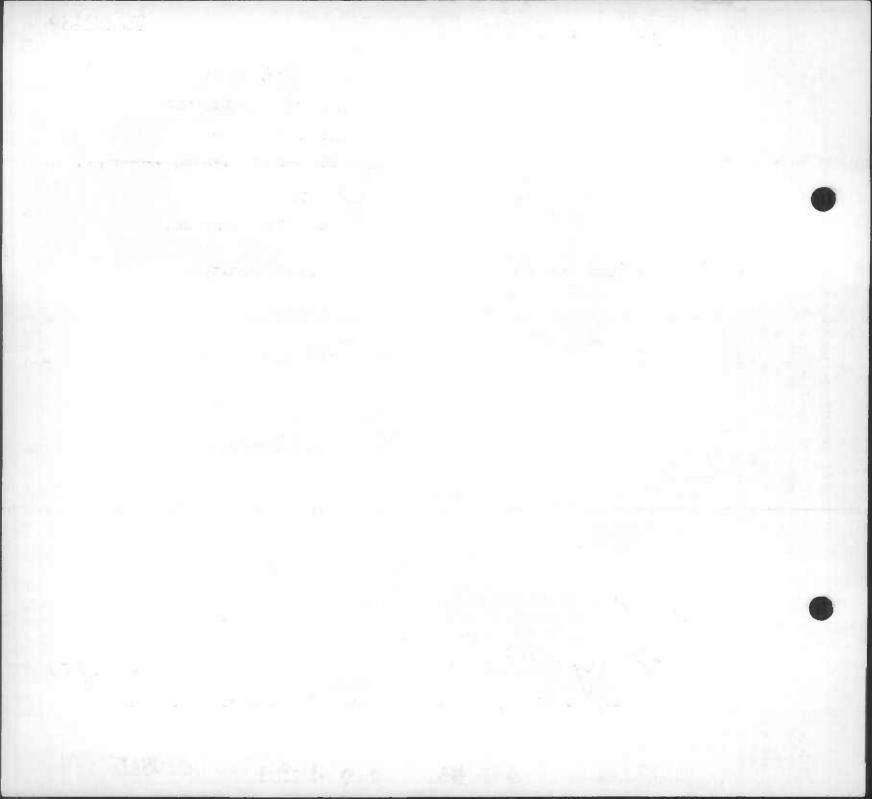
. P. Tag. 19 and the state of t The trade of the street of the

	W-452 70 12438		HEALTH DEPARTMENT TE OF DEATH	X REG. NO. 7	U 12438	
	BIRTH NO. /U 12900	OEKTII TOA				
	(Type or Print) WIILLIAMS, MARCO	10000	2. DATE AN	ID HOUR OF DEATH	00 1	
	3. PLACE IN BALTIMORE, MARTLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When A. STATE B. COUN	e deceased lived. If institu	tion: residence before admission)	
	FULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	MD B. c. CITY OR TOWN	ALTIMORE	300 BITY LIMITS?		
d		E. STREET AND NUMBER				
	MONTEBETTO HOSPI	TAL		ENN AVE		
mad	5. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH		Under 1 Yr. II Under 24 Hrs.	
	F W WIDO	WED DIVORCED	JUN 30 1858	- 17	Under 1 Yr. II Under 24 Hrs.	
n is	10A. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stoto or forei		CITIZEN OF WHAT COUNTRY?	
isposition	done during most of working life, even if refired)		MN		USA	
Si	HOSEWIFE 13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	45	774	
d	(400) = (IN MOTHER 3 WAIDEN NAN	A E		
	CHARLES CALVE	RT	MART	D RODA	6	
<u> </u>	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
fin	NO	213 07 0354	HOSPITAL	A GOOKO S		
0	18. 1 7 4 X	CAUSE OF DEATH			APPROXIMATE INTERVAL	
0	DISEASE OR CONDITION DIRECTLY	12-1-	coma fiche		BETWEEN ONSET AND DEATH	
E	LEADING TO DEATH	(A) IMMEDIATE CAUS	coma Jole	Bread	5 years	
9	(This does not mean the mode of dying, heart failure, asthenia, etc. 11 means the dise	e.c.	CONSEQUENCE OF:			
ا م	injury ar camplication which caused death.)					
6	ANTECEDENT CAUSES					
are	DISEASES OR CONDITIONS, if any, git	*****				
D S	nse to the above cause (A) stating UNDERLYING CONDITION lost.	CONSEQUENCE OF:				
	ONDERLING CONDITION lost					
Ba	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION					
rem	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERMINATED TO THE TERMINA	NG NAL				
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************	120 A A LIZO BOYS (V N- N	200 10		
before the	WAS PERFORMED	OK WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSES	OF DEATH?	
0	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B PLACE OF INJURY (e.g., in	or chaut/21C WHERE DID	W. L. D. Lu.		
0	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, factory, street, offi-	ce bldg. INJURY OCCUR?	ut in Boltimore City	r, give exact lacation)	
ained	OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
=	(APPROX)	While At Not While At Work				
ģ	22. I certify that (1) (this hospital attended	ed the deceased from	10V 12 19	70 10 DEC	B 10 70	
0	that (1) (we) last saw the deceased alive					
pe	and haur and from the causes stated above		and the	in (my) (four) abinian	death accurred an the date	
must	23A. SIGNATURE	c. (1) (me) (ald) (ald not) vie	w the body ofter death.			
	A DOM	Attack	line C Mad C C		DATE SIGNED	
5	Gozald & Total	DEGREE Phys.	ing Med. S	hys.	ET 19,1970	
0	23 C. PHYSICIAN'S NAME (Type)	23	D. ADDRESS		1	
approval	TRONALD S POTOTSA	KY M.D. DEGREE	WINDERS MONTE	ERECLO HOSP	BATTO UN	
	AA. BURIAL CREMATION, 248. DATE 240	NAME of CEMETERY OF CREM	ATORY 24D. LO		vn, or county) (State)	
Written	BURIAL 12/22/20	OAK LAWN	R	1100	44	
	11/14-	ME"OF REGISTRAR	256 FUNERAL DIRECTOR	1-16	MD	
3	DEC 23 1970 RG- 8 E Jak		THE DIRECTOR	1 - 1 - 1	ADDRESS	
IF	S 150-REV. 1/1/68		10,0,00M	VELLY	300 mact	



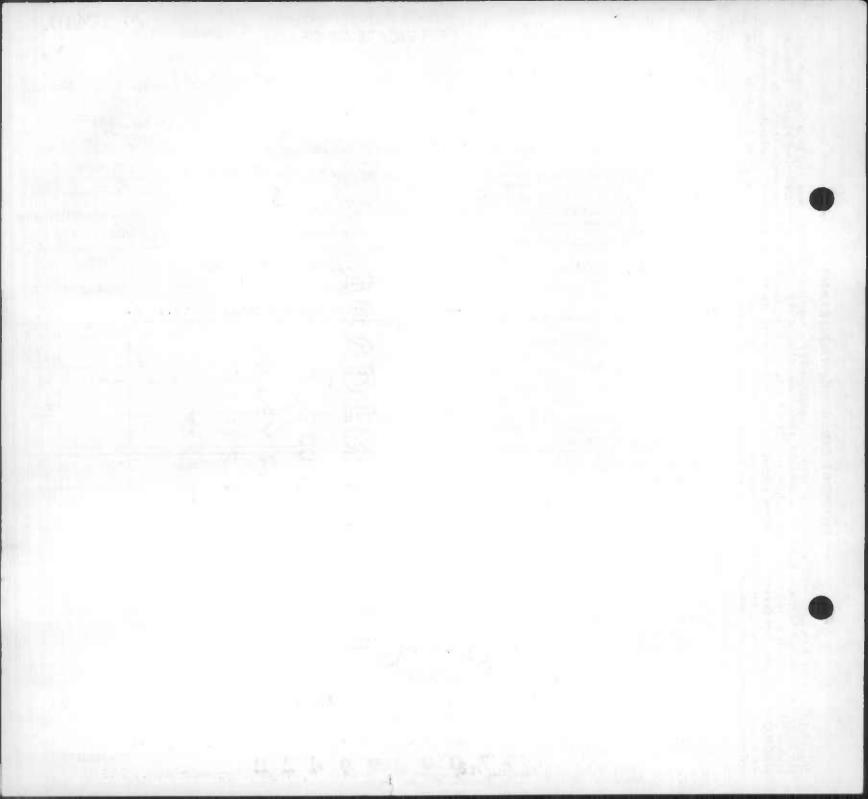
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B-530 70 124	00	TE OF DEATH	REG. NO	70 12439 E			
I. NAME OF DECEASED	OEKTII 107		ID HOUR OF DEATH				
(Type or Print) SCOTT M	BENNETT	121	118/70	1855 A "			
3. PLACE IN BALTIMORE MARYLAND, WHERE PI	RONOUNCED DEAD	4. USUAL RESIDENCE (WKe	to deceased lived. If in	stilution: residence before admission)			
FULL NAME OF (IF NOT IN HOSPITAL OR I HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Maryland c. City OR TOWN	Baltimore	DE CITY LIMITS?			
22JOHNS HOPKINS	HOSPITAL	Baltimore		YES NOX			
2		8038 Strat	tman Road				
Male White Wido	RIED NEVER MARRIED WED DIVORCED	11/13/70	9. AGE (In years lost birthdoy)	Months Doys Hours Min.			
IOA. USUAL OCCUPATION (Give kind of work 108, KINdone during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	Church Home		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME				
William Carroll		Rebecca 1	Bennett				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of sen	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
18. 7.4 9.9	CAUSE OF DEAT	H		APPROXIMATE INTERVAL			
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH			
LEADING TO DEATH 1This does not meon the mode of dying,	(A) IMMEDIATE CAU		IRATION	5 MINS			
heart failure, asthemio, etc. It means the distingury or complication which caused death.)	buse, DUE TO, OR AS	A CONSEQUENCE OF:					
ANTECEDENT CAUSES		- O = CN	N// 17 A				
DISEASES OR CONDITIONS, if any, g	iving (B) W O G	A CONSEQUENCE OF:	VGENITAL	***************************************			
rise to the above couse (A) stating UNDERLYING CONDITION lost	M. a	HOMALIES					
11	(0)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	NG						
S DISEASE OR CONDITION GIVEN IN PART 1 (A).	****************						
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	Yes Yes	208. IF YES, WERE F	SES OF DEATH?			
OR CONTRIBUTING CAUSE OF DEATH Inatify modical examines	21B PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C, WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimore	City, give exoct location)			
OF INJURY OF INJURY OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?				
[APPROX]	While At Work Not While At Work						
22. I certify that (1) (this hospital) attend	ed the deceased from	DEC 4 1	9 20 to DE	C 18 19 70			
that (M) (we) last saw the deceased alive		19 70 and the	at in (m/) (our) opin	ion death occurred on the date			
and hour and from the causes stated aboy	6. () (A) (1) (1) A	lew the body after death.					
23A. SIGNATURE Attending Med. Shaff 238, DATE SIGNED 12/18/70							
23C. PHYSICIAM'S NAME (Type) 23D. ADDRESS							
Mary I. Olson	M.D. DEGREE	The Johns Ho	pkins Hosp	oital			
24A. BURIAL GREMATION, 24B. DATE REMOVAL ISPOSITY	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City	, town, or county) (Stoto)			
CAMPILIAN /2/20/70	JOHNS HOPKINS 7	HOSPILAL B.	4270, Md				
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	TAT DISP	ACAT ADDRESS			
VS 150-REV, 1/1/68	Callen M.C.	O O THANK	TAU DIOI	עמאטע			



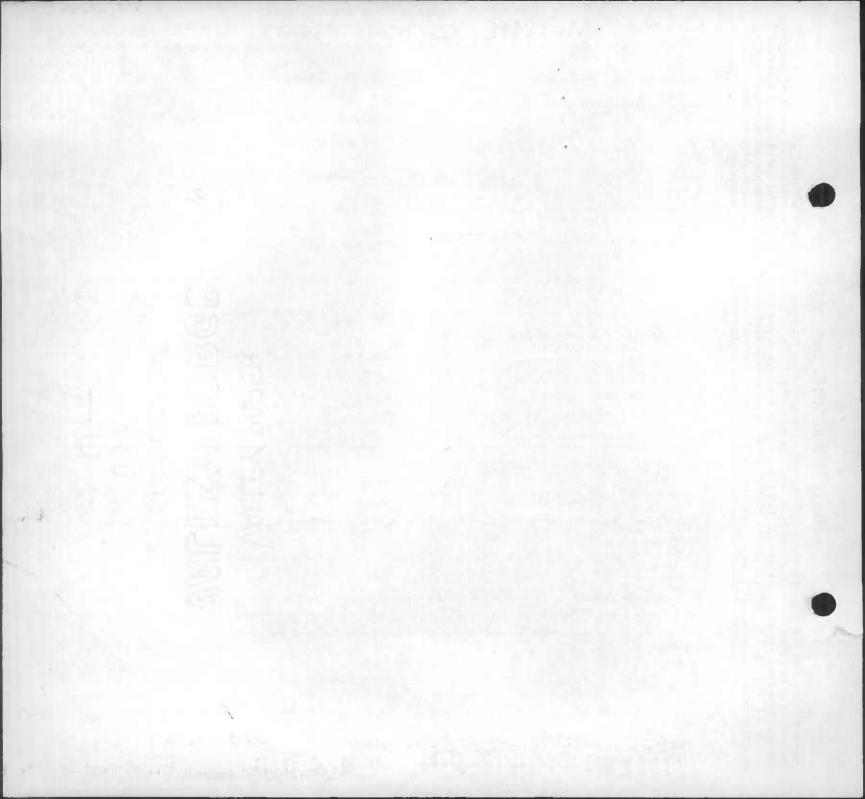
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	M.320 70 1244	BALTIMORE CITY	HEALTH DEPARTMENT		70 12440
8	IRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	
1	NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
IL	Typo or PringSLanche, Ma	Thews	12-	21-71)	1
	PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If institu	ution: residence before admission
111	CULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MC. CITY OR TOWN	1	2834
1	46 Lutheran	BOLTO, Md :	2100	CITY LIMITS?	
	160)41110		507-GLEA	IALLEN.	Dr
5.		RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	O ACE II	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
11	A. USUAL OCCUPATION (Give kind of work 10B. KIN		11. BIRTHPLACE (Stote or forei	8 Soundary	2 (171751) (25 17171)
d	Housewife		Maryland	gii cooniiy/	2. CITIZEN OF WHAT COUNTRY
11:	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
	Late Harry Harling		Late Paulin	ne Blum	
15 (Y	. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or doles of serv	16. SOCIAL	17. INFORMANT		ADDRESS
	10	SECURITY NO.	Lutheran Hospi	tal Balto.	Md.
٦	18.	CAUSE OF DEATH		. var, parvo.,	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, heart failure, asthenia, etc. It means the disc injury or camplication which caused death.) ANTECEDENT CAUSES	ease,	A C CU)	hyparkal	Lyndy DAYS Talme JEARS
	DISEASES OR CONDITIONS, if any, ginse to the above cause (A) stating UNDERLYING CONDITION last	the (C)	A CONSEQUENCE OF:		
NOIL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			900000 9000000000000000000000000000000
LAC	(DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************		****************	**************************************
ERTIFIC	WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.)	208, IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED
CALC	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, off etc.)	or about 21 C. WHERE DID	(If In Baltimare Cit	y, give exocl location)
MEDI	OF INTERN	21E INJURY OCCURRED While AI Not While	21F. HOW DID INJU	JRY OCCUR?	
		Work At Work			
	22. I certify that (I) (this hospital) attend		12/19	9 70 ta /2	19 19 5
	that (1) (we) last saw the deceased alive	on 12-19	19	t in(my) (our) opinion	death accurred on the date
	and haur and fram the causes stated abov	e. (1) (We) (did) (did nat) vi	ew the bady after death.		
	23A. SIGNATURE	21.0		238	DATE SIGNED
	Gregelite 9.	Atten Phys.		Staff Phys.	12-21-70
	NAME (Type) AVGECITA	TOPACIO 2	LUTHERAN A	Forp. Bac	D. WD. 2146
24	A. BURIAL CREMATION, 24B. DATE 240 REMOVAL (Specify)	C. NAME of CEMETERY OF CREA	MATORY 24D. LO	CATION (City, 10	wn, or county) (State)
I	Burial 12/24/70	New Cathedral C		imore, Maryla	nd
25	A. DATE REC'D BY HEALTH DEPT. 258. NAV	Ben M.B.	Witzke, 1630	Edmondson Ave	ADDRESS
VS	180-REV. 7/1768				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT							
	M.E. CASE NO.	CERTIFICAT	E OF DEATH	Registered No	· ·		
	(Type or Print) Lonald D. Lewi	0	12/20		16:07 M.		
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give	A	Marsland Marsland		residence before Admission)		
	HOSPITAL OR oddress or location) INSTITUTION	0		de city limits, write RURAL	and give townshipl		
6/	Mayland General Ho	spital s	2509 OUTER	ol, give locations derick Rd			
Bad		EVER MARRIED DIVORCED (specify) 8.		AGE (In yeors If Un Month	nder 1 Yı. If Under 24 His.		
SI NO	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF B done during most of working life, even if (etired)	USINESS OR INDUSTRY 11	BIRTHPLACE (Sfote or loseign		CITZEN OF VHAT COUNTRY?		
Sposifi	13. FATHER'S NAME Retired Auto M		. MOTHERS MAIDEN NAM	E	U.S.A		
al dis	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)((if yes, give wor or dates of service)	6. SOCIAL 17 SECURITY NO.	7. INFORMANT		ADDRESS		
tina		213-05-5787	Mary Lew	is 4509B	ld Frederick		
ed or	DISEASE OR CONDITION DIRECTLY	CAUSE OF	DEATH /	0.1	INTERVAL BETWEEN ONSET AND DEATH		
alme	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	to enyocard	a what	a month		
e H p	injury at complication which coused death.) ANTECEDENT CAUSES	(8)		e la dise	- 1 - 1 - P		
are	DISEASES OR CONDITIONS, if any, giving use to the above cause (A) stating the UNDERLYING CONDITION last.	(C)	margoria de la companya della companya della companya de la companya de la companya della compan		#5		
remains	ll -						
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Renal car		sis pocal			
+	198. CONDITION FOR WE WAS PERFORMED		20A. AUTOPSY? (Yes of No)	208. IF YES, WERE FINDIN IN CERTIFYING CAUSES C	DE DEATH?		
before	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	LACE OF (NJURY (e.g., in o lorm, factory, street, offic	e bidg., INJURY OCCUR?	(If in Bottifodie City,	give exoct locotion)		
ained	21D. TIME (Month) (Doy) (Year) (Hour) 21E, I While Work	At Not While At Work	21F. HOW DID INJU	RY OCCUR?			
opt	22. I certify that (1) (this hospital) attended the			7. 10 Dec	20 19 70.		
t be	ond hour ond from the causes stoted above, (1)	eoth occurred on the date					
must	23A. SIGNATURE				DATE SIGNED		
\alpha \	23C. PHYSICIAN'S Jon Com	M.D. Attend	D. ADDRESS	toll hy s	2/20/1970		
approval	NAME (Type) Re 120 TSU (C	a mo to M.D.	Marylan	of Genera	& Hospital		
	REMOVAL (Specify)	on Pank Compto		timore, Maryla	n, or county) (Stote)		
written	DEC 28 170 Color C. Name of DEC 28 170	REGISTRAN DEINETE	126C. FUNERAL DIRECTOR		ADDRESS atonsville, Md.		
	VC 150 BEV 1/1/45			- THOUGH O			

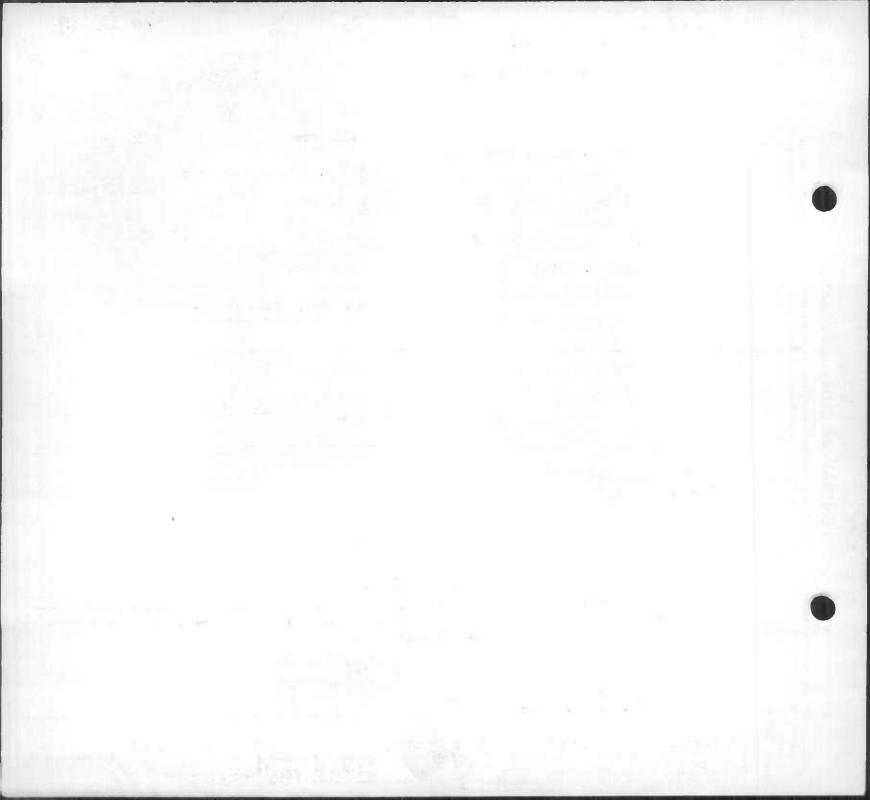


IMPORTANT FUNERAL DIRECTOR:

the Such a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased LO deceased prior to death. attendance = occurred in regular approved by the chief medical examiner or his assistant if death Was the was D.O.A. at a hospital (except where the physician who pronounced death deceased prior to death); and (6) No physician was in regular attendance on deceased prior to death); must be obtained befor certificate must be written approval

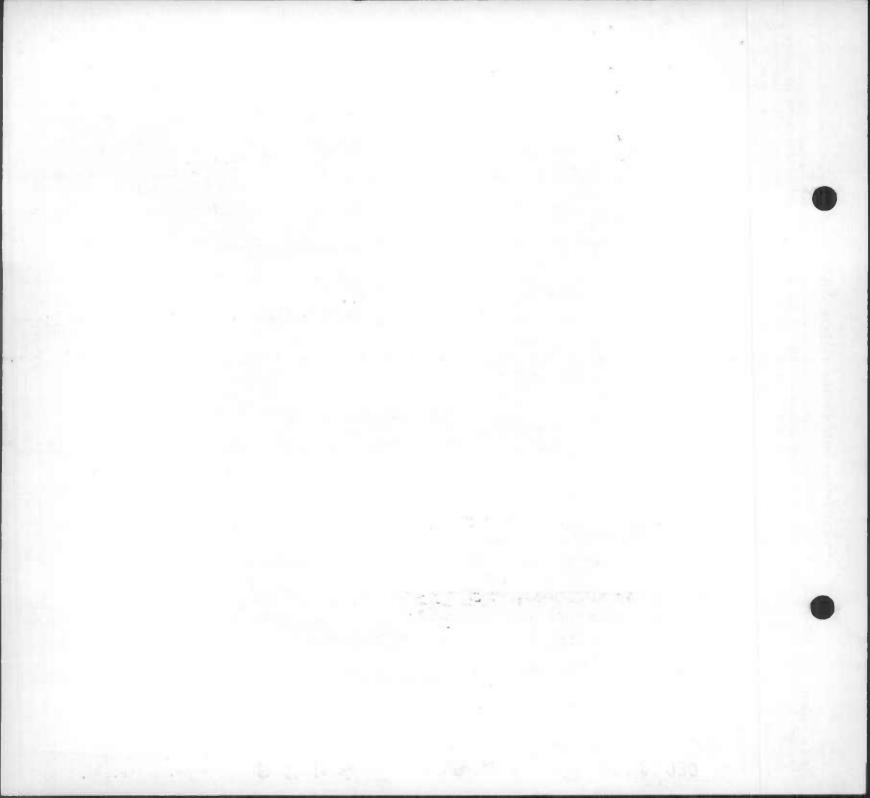
N-400		Y HEALTH DEPARTMENT	252.440	70 12442
BIRTH NO. 70 12442	CERTIFICA	TE OF DEATH	REG. NO.	
1. NAME OF DECEASED (Type or Print)		2. DATE AN	D HOUR OF DEATH	
Loretta Alice Noel	1		12/21/70	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	D DEAD	4. USUAL RESIDENCE (When	re deceased lived. If i	nstitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION!	I, GIVE STREET	Md		6011
INSTITUTION		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
$\wedge \wedge$		Baltimore		YES X NO
519 N. Chapel Gate La	ane	E. STREET AND NUMBER		
		519 N. Chanel	Gate Lane	
5. SEX 6. RACE 7. MARRIED NE	EVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
female White WIDOWED	DIVORCED	1 12/10/1894	lost birthdoy)	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSH done during most of working life, even if retired)	NESS OR INDUSTRY	11. BIRTHPLACE (State or lore		12. CITIZEN OF WHAT COUNTRY
Saleslady Dept Store		Marriand		USA
13. FATHER'S NAME		Maryland		USA
		14. MOTHER'S MAIDEN NAM	M E	
Late Harry W. Smith		Late Anna		
	OCIAL ECURITY NO.	17. INFORMANT		ADDRESS
	LCOMIII NO.	Mr. Henry Noel	, 806 N. Ch	apelgate Lane
18. 44	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		^		BETWEEN ONSET AND DEATH
LEADING TO DEATH		La Rosmuston.	(111000	20 30
(This does not mean the made of dying, e.g., heart failure, asthonia, etc. It means the disease,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	anas	moralla
injury ar camplication which caused death.)				
ANTECEDENT CAUSES	(va	Lean I Page	0	
DISEASES OR CONDITIONS, if any, giving	(8) OP AS	A CONSEQUENCE OF:	nurers	
nso to the above couse (A) stating the	DOL 10, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	(c)	*****		
2 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
O DISEASE OR CONDITION GIVEN IN PART 1 (A).	COFFRATION	120 A A 1120 A 1		***************************************
198. DATE OF OPERATION 198. CONDITION FOR WHICH WAS PERFORMED	OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
# <u></u>				

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21B. PLACE OF INJURY (e.g., In or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR? (II In Boltimore City, give exact location) MEDICAL 21 D. TIME OF INJURY (Month) (Doy) (Yearl (Hous) 21E INJURY OCCURRED 215. HOW DID INJURY OCCUR? Whllo Not While (APPROX) Work 22. I certify that (1) (this hospital) attended the deceased from 19 70 to 19.70 that (1) (we) last saw the deceased alive an and that in (my) (our) apinion death accurred on the date and haur and from the causes stated above. (1) (We) (did) (did-not) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED amas Attending Med. Staff Phys. Phys. Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS Nolan Dr. Jas J. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county! Burial 9/23/70 2SA. DATE REC'D BY HEALTH, DEPT. Woodlawn Cemeterv Baltimore 25C, EUNERAL DIRECTOR ADDRESS 2 3 Witzke Edmondson Ave 21228 VS 150-REV. 1/1/68

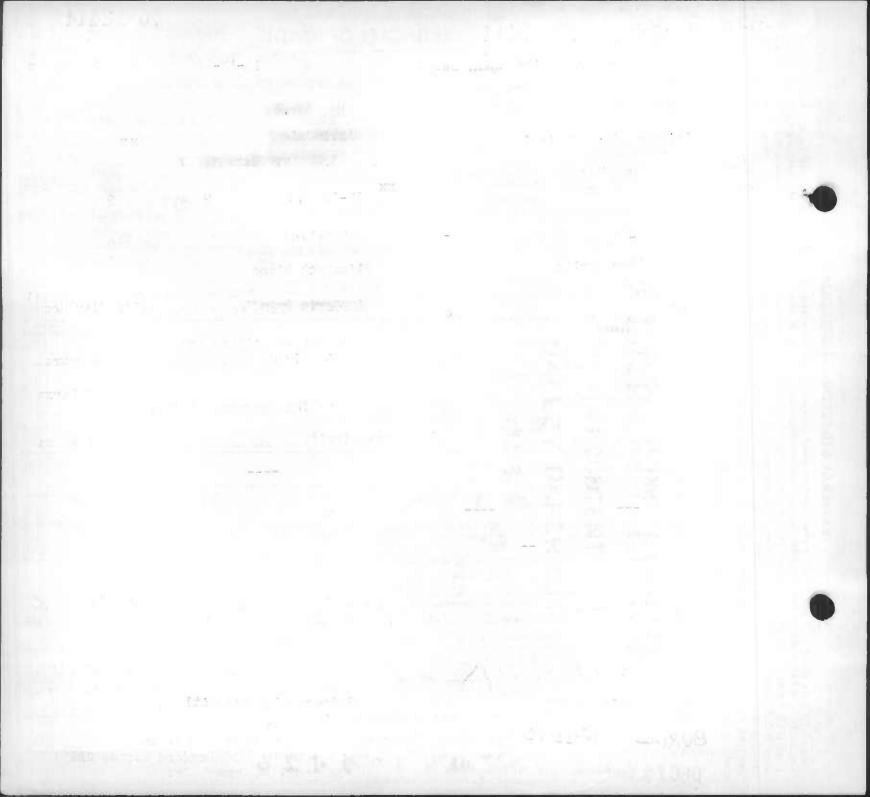


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(10)	BALTIMORE CITY	HEALTH DEPARTMENT		70 12443
BIRTH NO. 70 1244	3 CERTIFICA	TE OF DEATH	REG. NO	10 F (7.7.7.)
I.NAME OF DECEASED			AND HOUR OF DEATH	
(Type or Print) GROVAE F.	Eisel		2/19/70	1 2/30 Pm
3. PLACE IN BALTIMORE, MARYLAND, WHERE PE	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived If	institution; residence before admission)
FULL NAME OF HOSPITAL OR I ADDRESS OR LOCATION)	and the second s	C, CITY OR TOWN	ID. IN:	SIDE CITY LIMITS?
1/BON Secours	Hospilal	BAITimo		YES NO
34 2025 W. Fayet	te 51.	E. STREET AND NUMBE		
DAllimore	Mg 51553	604	UINAS WA	Y
5. SEX 6. RACE 7. MAR	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (in years lost birthday)	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN		11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	1 1-1	m I		
13. FATHER'S NAME	exal Electic	14. MOTHER'S MAIDEN	NAME	I U.S.H.
		^		
15. Was Deceased Ever In U. S. Armed Forces?	116, SOCIAL	Hanes 17. INFORMANT	Berryma	N. ADDRESS
(Yes, no or unknown) Uf yes, give wor or dotos of sen	SECURITY NO.	Mrs.		21229
18, 2	CAUSE OF DEAT	Bertha V. Ei	sel.604 Winan	s Way Balto, Md.
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH		CVA		2 weeks
1This does not meon the mode of dying, heart failure, asthenia, etc. It means the dis-	e.g., (A) IMMEDIATE CAU	A CONSEQUENCE OF:		
injury as camplication which caused death.)	eose,			
ANTECEDENT CAUSES	(0)			
DISEASES OR CONDITIONS, il any, g	iving DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above couse (A) sloting UNDERLYING CONDITION last.	(c)			
			A	1
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	NG	mul .	aspiration	I haves
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED U 21A-ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION	Yes/No h	NO 208 IF YES WERE	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH Incity modical examines	21 B. PLACE OF INJURY (e.g., inhome, form, foctory, street, of	or obout 21 C. WHERE DIE	(II In Boltimo	re City, give exoct locotion)
OF INJURY (APPROX.) (Month) (Doy) (Yoot) (Houd)	While At Not While Work At Work		INJURY OCCUR?	
22. I certify that (I) (this hospital) attend		12-4		2-19 1970
that (i) (we) last saw the deceased allve				Inion death occurred on the date
and hour and fram the causes stated above				mon death occorded on the date
23A. SIGNATURE		iow life body dilet ded	1110	23B. DATE SIGNED
Jantie Voranalisa	Dhue	nding Med.	Staff Phys.	12-19-76
23C. PHYSICIAN'S NAME (Type)	DEGREE Phys	Director L	Phys. Laid	, , ,
JANTAR VORARAKSA	m.7	H28		
	C. NAME of CEMETERY OF CRE		LOCATION (C	ity, town, or county) (Stote)
Burial 12-22-70 W	Med lawn-Garden	AD ANNEAS DIRECT	altimore, Ma	ryland Appress
DEC 23 1970 26 A E. 4	Ricky Mil. ()			.,Balto.,Md. 21229
VS 150-REV. 1/1/68				-,



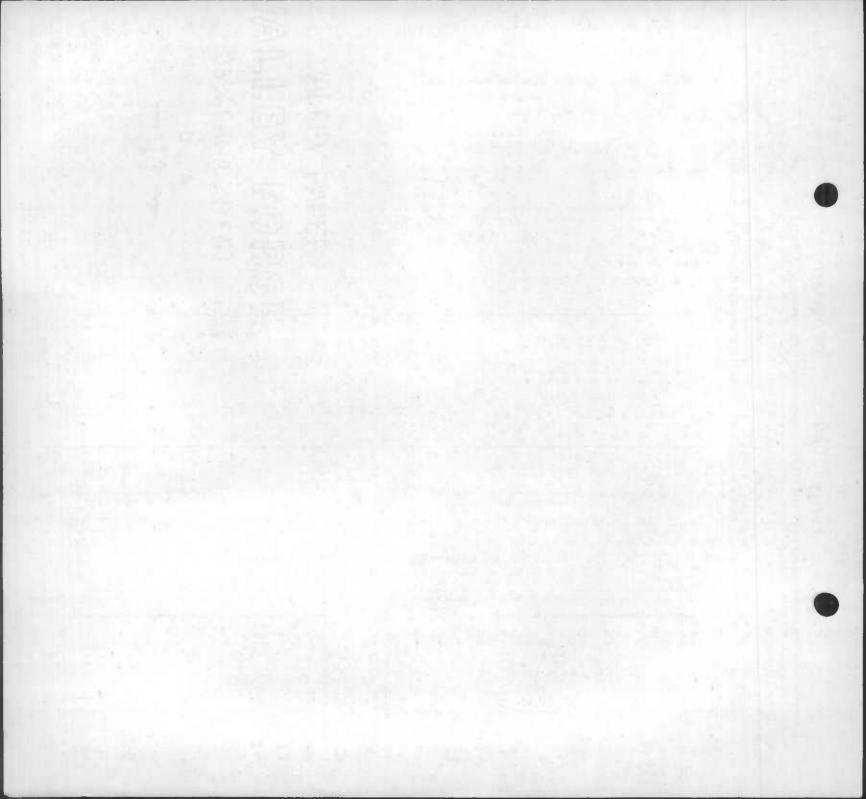
58-13 - 06	BALTIMORE CITY BIRTH NO. 70-23617 70 12444 CERTIFICA	TE OF DEATH REG. NO. 70 12444							
or death Deceased te on the ath. Such	1. NAME OF DECEASED (Walter D. Lovitt) (Type or Print) Baby Boy Lovitt (Elizabeth)	2. DATE AND HOUR OF DEATH 12-17-70 9 P							
ath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission)							
ang cause o causes o cause; (5) D attendance rior to deat	FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET HOSTITUTION INSTITUTION (IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET HOSTITUTION)	A. STATE B. COUNTY Md. (V.) C. CITY OR TOWN D. INSIDE CITY LIMITS?							
	Baltimore city Hospital 4940 Eastern Avenue Baltimore, Maryland 21224	BALTIMORÉ YES X NO E. STREET AND NUMBER 324 EAST 20th STREET							
mine gula sed mad	5. SEX male 6. RACE negro 7. MARRIED NEVER MARRIED XXX WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. II Under 24 His. Months: Doys Hours Min.							
inidec	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	M11							
U as	13. FATHER'S NAME	Maryland USA							
t (4) y ± sq si	Walter Lovitt	Elizabeth Nixon							
kind dea	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give war or dates of service) NO	Records Baltimore, Marylan Balto City Hosp							
בים מל	110 no CAUSE OF DEATH								
0000	DISEASE OR CONDITION DIRECTLY	pulmonary failure and							
Also, nounc atten	LEADING TO DEATH (This does not mean the made of dying, e.g., (A) IMMEDIATE CAU	SE CNS bleed 2 hours							
ctur pror	head laiture, asthenia, etc. 11 means the disease, injury or camplication which caused death.)								
000	ANTECOPAL CALLER								
KA Par	DISEASES OR CONDITIONS, if any, giving (B) hyaline membrane disease DUE TO, OR AS A CONSEQUENCE OF:								
(3) an in ins a	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	rematurity o hours							
burns; bhysicia an was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A).	50 0F 40 Ep							
Body the ysici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	NO 208. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
where the No physical disperse	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in one, form, foctory, street, of other contributions) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	or about 21 C. WHERE DID (If In Boltimore City, give exact location) linjury OCCUR?							
natunatul (6)	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While AI Nat While Nork At Work	21F. HOW DID INJURY OCCUR?							
by x x	22. I certify that (1)(this hospital) attended the deceased from								
6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	that (1) (we) last saw the deceased alive an	19 TO and that in (my) (aur) opinion death occurred an the date							
ident of hospital o death) must be	ond haur and fram the causes stated above. (1) (We) (dld) (dld not) vi								
ident hospit o deat must	23A. SIGNATURE 23B. DATE SIGNED								
0 7 2 4 8	DEGREE Phys								
(1) An a 3.A. at d prior approv	NAME (Type)	23D. ADDRESS 4940 Eastern Avenue							
P A dd	David Scheff	Baltimore City Hosptitl Baltimore, Maryland							
2000	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE								
T to D	BURIAL 12-16 Mt. Auburn Cemet	, , , , , , , , , , , , , , , , , , , ,							
shows: (1) was D.O. deceased written ap	DF C 2 3 1970 Company C. C. C. Salary M.D.	Marshall W. Jones, Jr.							
	VS 150-REV. 1/1/68	Interstall W. Oolles, U.							



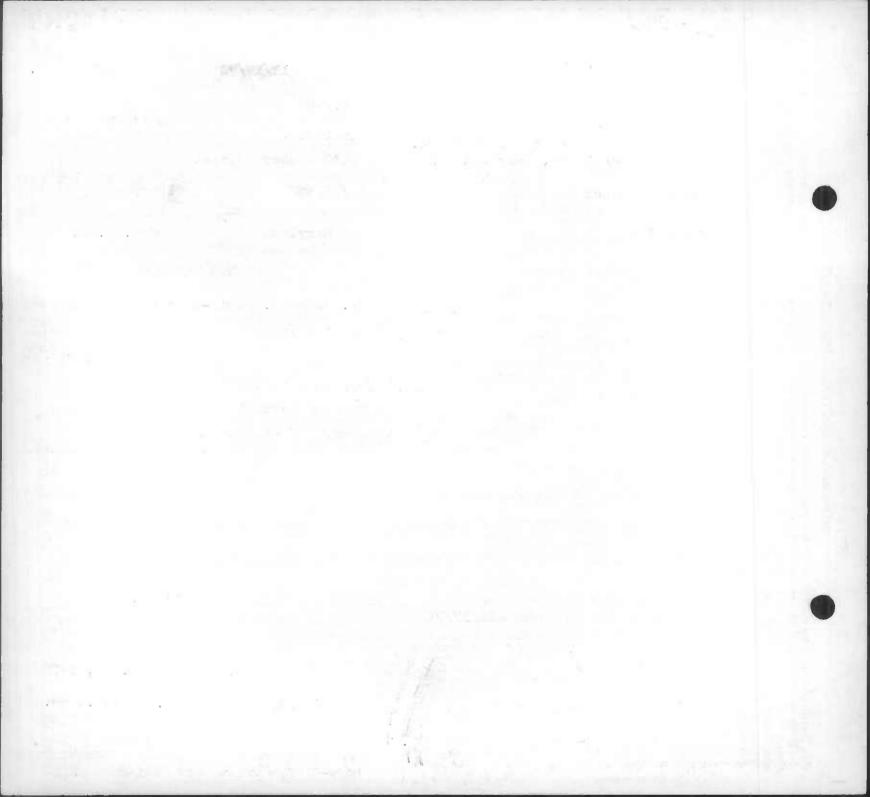
IMPORTANT DIRECTOR: FUNERAL

CERTIFICATE OF DEATH of death Deceased Such and I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3 uo. TURNER, JR. MELVIN hospital death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY attendance A. STATE (2) MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) cause FULL NAME OF HOSPITAL OR C. CITY OR TOWN cause; 0 0 2704 Fenwick Avenue BALTIMORE prior E. STREET AND NUMBER contributing Baltimore, Maryland 21218 occurred 2704 Fenwick Avenue etermined made regular 9. AGE (In years 5. SEX 6. RACE B. DATE OF BIRTH · MARRIED NEVER MARRIED deceased 3 - 7 - 36Male Negro WIDOWED DIVORCED 34 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) death isposition done during most of working life, even if retired) General Plumbing Victoria, Virginia 0 Dud Laborer Supply Co. Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the (4) Melvin Turner Julia Bagley assistant no death D σ kind; 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give war or dotes of service) 17. INFORMANT 6. SOCIAL the or final SECURITY NO. attendance any CAUSE OF DEATH 18. nounced Also, DISEASE OR CONDITION DIRECTLY med of LEADING TO DEATH fracture (This does not mean the made of dying, e.g., ular pro hearl failure, asthenia, etc. It means the disease, xaminer. injury or complication which caused death.) emi ANTECEDENT CAUSES who O re are 4 DISEASES OR CONDITIONS, if ony, giving (3) risa to the above cause (A) stating the physician UNDERLYING CONDITION lost. remains Was medical 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IA Body the chief 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION the 0 WAS PERFORMED before by (7) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? the where to the hospital °N MEDICAL DEATH (notify medical examiner) any nature; by obtained 21 D. TIME (Hour) 9 (Month) (Day) (Year) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY approved (except While At Not While ((APPROX.) Work At Work and 22. I certify that (1) (this hospital) attended the deceased from . 19 70 that (I) (we) lost sow the deceased alive on. pe o eath) hospital and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. must he body was released accident 23A. SIGNATURE must T Attending Med. 0 0 Director -0 23C. PHYSICIAN'S 23D. ADDRESS certificate prior pprov at NAME (Type An d 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION ased 0 D.0. REMOVAL (Specify) written shows: transit-burial 12-26-70 Bagley was ce 25A. DATE REC'D BY HEALTH DEPT. 258- NAME-OF PROSTRAG Marshall W. Jones, Jr. VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT 70 12445 REG. NO. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) D. INSIDE CITY LIMITS? YES X NO If Under 24 Hrs. Months: Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Arthur R. Turner 2704 Fenwick Av. 21218 BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimore City, give exact location) and that in (my) (our) opinion death occurred on the date 23B. DATE SIGNED Victoria, Virginia 25 FUNERAL DIRECTOR 1735 Harford Ave. 2902153

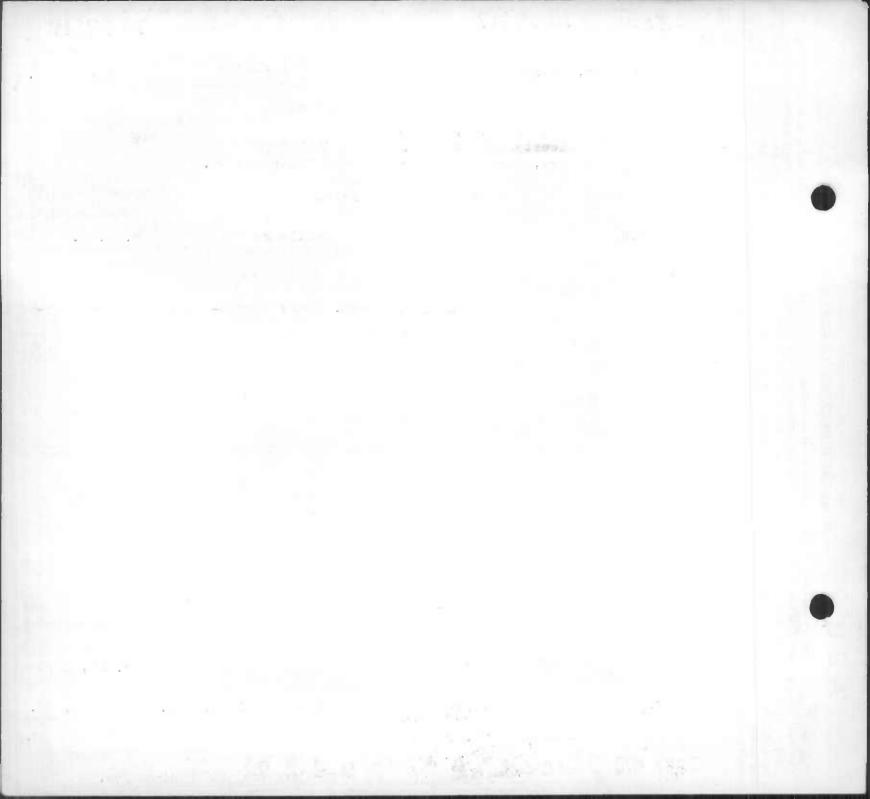


1-200 70 120	BALTIMORE CITY CERTIFICA	HEALTH DEPARTMENT TE OF DEATH REG. NO.	70 12446					
BIRTH NO.		2 DATE AND HOUR OF DEA	ATH					
(Type or Print) Lewis, Dais	у (-	12/17/70	2:00 A.M					
3. PLACE IN BALTIMORE, MARYLAND, WHE		A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Maryland C. CITY OR TOWN D. INSIDE CID LIMITS?						
II IN STITUTION	OR INSTITUTION, GIVE STREET							
	Provident Hospital		Baltimore YES X NO					
	y Heights Ave. Maryland 21215	1130 Mosher Street	1-1					
Female Black	MARRIED NEVER MARRIED	8. DATE OF BIRTH 12/26/08 9. AGE (In years) lost birthdoy)	61 If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.					
10A, USUAL OCCUPATION (Give kind of work 10 done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY					
Housewife		Maryland	U. S. A.					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
Farmer Gardne	er	Rosa Wh	niting					
15. Was Deceased Ever in U. S. Armed Forces	? 16. SOCIAL	17. INFORMANT	ADDRESS					
(Yes, no of unknown) (If yes, give wor of dotes of	SECURITY NO. 217-22-3812B	Mr. James T. Lewis-Hu	isband Same					
18.	CAUSE OF DEATH		APPROXIMATE INTERVAL					
DISEASE OR CONDITION DIREC	CTLY CERER	3RAL / HROW DOST	BETWEEN ONSET AND DEATH					
LEADING TO DEATH	(A) IMMEDIATE CAU	SE	12/8/70					
(This does not mean the mode of dy heart failure, asthenia, etc. It means the	e diseose,	A CONSEQUENCE OF:						
injury ar complication which caused de	path.) ART	ERIOSCHEROSIS						
ANTECEDENT CAUSES	(8)	The NEWAL (ZK)						
DISEASES OR CONDITIONS, if any rise to the above cause (A) st UNDERLYING CONDITION lost.		A CONSEQUENCE OF: BETES MELLITUS.						
OTHER SIGNIFICANT CONDITIONS CONTI	TERMINAL (A).	***************************************	***************************************					
19A-DATE OF OPERATION 19R CONDIT	ON FOR WHICH OPERATION	NO No. 208. IF YES, WE IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?					
OP CONTRIBUTING TICALISE OF	218.PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	n or obout 21C. WHERE DID (II In Bolt lice bidg., INJURY OCCUR?	imore City, give exact location)					
DEATH (nosity medical examined) DEATH (nosity medical examined) DEATH (nosity medical examined) DEATH (nosity medical examined) (Month) (Doy) (Year) (I	Houd 21 E INJURY OCCURRED While At Not White At Work	216. HOW DID INJURY OCCUR?						
22. I certify that (1) (this hospital) a			12/17/70					
that (1) (we) last saw the deceased o	alive on 12/17/70	19and that In(my) (our)	17					
and how and from the causes stated	above. (1) (We) (dld) (dld not) vi	ew the body after death.						
23A. SIGNATURE	3/10	238, DATE SIGNED						
Theory LO	Sun helper Phys.	Med. Director Phys. W	Dec. 17, 1970					
23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS						
GILBRET L.B	ANFIRED DEGREE	2600 Liberty Heights A	Ave. Balto., Md.					
24A. BURIAL CREMATION, 248. DATE REMOVAL (Specily)	24C, NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) (State)					
Burial 12-21-70	Arbutus Mem. Pa		Baltimore Md.					
25A. DATE REC'D BY HEALTH DEPT. 25	R NAME OF REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS					
VS 150-REV. 1/1/68	la bey de D	Mary-Elizabeth Law 80	2 Madison Ave.					



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	5-365 70	Jr C 25 25 1		HEALTH DEPARTM		70 12447
	KIH NO.	CE	KIIFICA	TE OF DEA	TH KEG. NO	20221
	NAME OF DECEASED				ATE AND HOUR OF DEATH	Н
3.	Southern, Lou PLACE IN BALTIMORE, MARYLAND, W	15	AD			institution: residence before admission
				D. SIAIE	COUNTY	institution: lesidence befolo odmission
HO	OSPITAL OR (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GIV	VE STREET	Maryland		2034
IIN.	Provident	Hospital, (Complex	C. CITY OR TOWN		ISIDE CITY LIMITS?
		rty Heights		Baltimor E. STREET AND NU	MBER	AE2 K NO
	Baltimore	, Maryland a	21215		eherne Rd.	
5. 5	SEX 6. RACE	7- MARRIED NEVER	MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
1	Male Black	WIDOWED T	IVORCED	7/4/91	iost birthdayl 79	Months Doys Hours Min.
10A	USUAL OCCUPATION (Give kind of work	108 KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
1	Unemployed			Balti	more	U. S. A.
	FATHER'S NAME			14. MOTHER'S MAID		U. S. A.
	iln Know			11	/1	
15.	Was Deceased Ever In U. S. Armed For	es? 1 6. SOCIA	1	17. INFORMANT	mann	01-01-01-01
(Ye	s, na ar unknawn) (If yes, give war ar dote		NO.			ADDRESS
	18. 4// 5 5 1 //		1-3255		e Graves-Daug	hter Same 945-48
ATION	heort lailure, osthenio, etc. It means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PARK	death.) Iny, giving slaling life (C). VIRIBUTING E TERMINAL 1 1 (A).		SIBLE CA	4 y Lung	7
ERTIF	19A DATE OF OPERATION 19B CONI WAS PERF	OTTION FOR WHICH OP	ERATION	NO NO	S OF NO. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	218 PLACE OF home, farm, for etc.)	INJURY (e.g., in clory, street, off	ar obout 21 C. WHERE INJURY OCC	DID (II in Baltimo	ore City, give exoct location)
MEDI	21D-TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	(Hour) 21E INJURY O While At Work	Not While		ID INJURY OCCUR?	
	22. I certify that (I) (this hospital)	ottended the decease		/9/70	19 10 12	/14/70 19
	that (1) (we) last saw the decease	d allve an 12/14/	770	19		Inlon death occurred an the date
	ond haur and from the couses state		d) (did not) vi			could occurred an the dots
	23A. SIGNATURE	3	7 (-1-1101) 41	wody offer a	-vill	23B, DATE SIGNED
	Mich X	you dem	1 61	ding Med.	Shoff Phys.	Dec. 15, 1970
	23C.PHYSICIAN'S NAME (Type)	0.0.000	DEGREE	3D. ADDRESS	— rnys, —	
	NAME (Type)			2600 Tihan	tw Weighte Am	e Poltimore Md
24A	BURIAL CREMATION, 248, DATE	24C. NAME of CE	METERY OF CREA			e. Baltimore, Md.
	REMOVAL (Specify)	70 Mt. Ca				Baltimore Md.
25A	DATE REC'D BY HEALTH DEPT.	258 NAME OF REGISTRY	_	25C. FUNERAL DIR	ECTOR	ADDRESS dison Ave.
15	150-REV. 1/1/6R				772 7760	



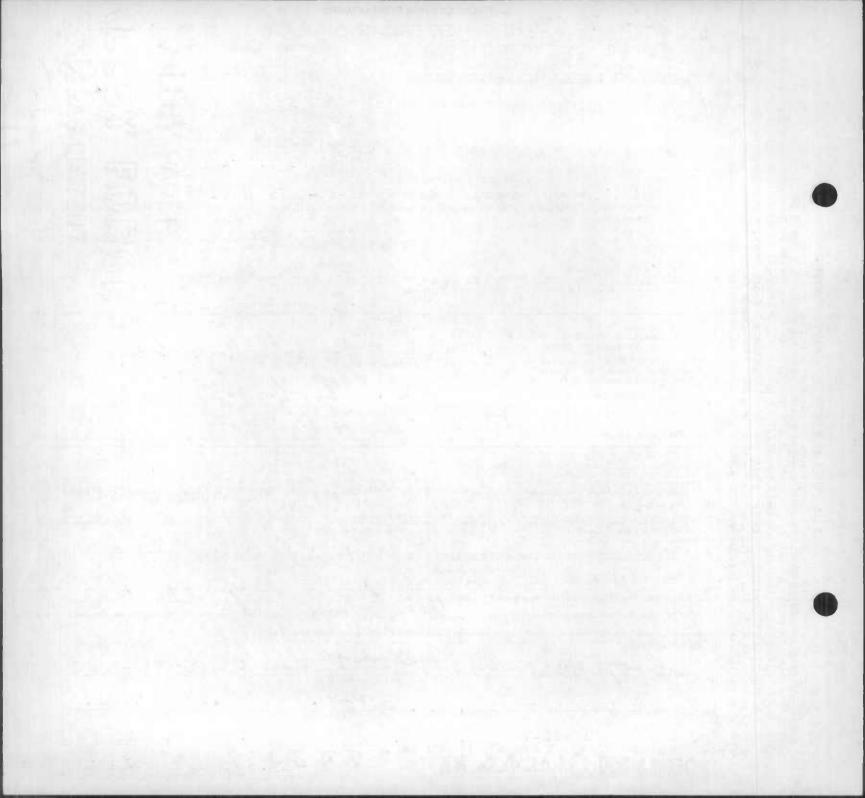
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	1-575 7 19410	BALTIMORE CITY	HEALTH DEPARTMENT					
	BIRTH NO. 70-10841	CERTIFICA	TE OF DEATH	REG. NO.	76 12448			
	1. NAME OF DECEASED			HOUR OF DEATH				
	SHEILA V. JOHNSO.		12-1	8-70	111:45 Am.			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	A. STATE B. COUNT	Y deceased lived. If inst	titution: residence before admission)			
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION		C, CITY OR TOWN D. INSIDE CITY LIMITS?					
A	SINAL		BALTIMOR		YES NO TO			
1	HOSPITAL		E. STREET AND NUMBER		15 10 10			
	,		3313 H	Ito Ros	T)			
	5. SEX 6. RACE 7. MARRIED NEV	ER MARRIED	8. DATE OF BIRTH	. AGE (In years	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
	H IS WIDOWED	DIVORCED	10-26-70	5 mg	5 22			
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSIN done during most of working life, even if refired)	ESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?			
	child -		BALTIMURE, 1	MARLAND	U.S.A.			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM					
	ROBERT JOHNSON		GlORIA	Mª M. II				
	15. Was Deceased Ever in U. S. Armad Farces? 16.50	CIAL	17. INFORMANT	111-11111	ADDRESS			
	(Yes, no or unknown) (If yes, give wor at dates of service)	CURITY NO.	1	45 '2 / 2	11-31			
	18.	AUSE OF DEATH		UM 3313	APPROXIMATE INTERVAL			
	DISEASE OR CONDITION DIRECTLY		0		BETWEEN ONSET AND DEATH			
	LEADING TO DEATH	(A) IMMEDIATE CAUS	E Kessusto	u Arre	et			
	17his does not mean the mode of dying, e.g., heart failure, osthenio, etc. 11 means the disease,		CONSEQUENCE OF:	A				
	injury or complication which coused death.)	01		2 84 00				
	ANTECEDENT CAUSES	(B) Cust	westerness with	R 1070 RR	ydialion			
	DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the	DUE TO OR AS	A CONSEQUENCE OF:	(
	UNDERLYING CONDITION last.	(c)	us	*				
	2 11							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
	S DISEASE OR CONDITION GIVEN IN PART 1 (A).	OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES. WERE FIR	NDINGS CONSIDERED			
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED		Y=5	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?			
	OR CONTRIBUTING TICALISE OF	OF INJURY (e.g., in	at about 21 C. WHERE DID	(If In Baltimore	City, give exact location)			
	DEATH (notify medical examines) etc.)	,,, ,,						
	= IOF INJURY	YOCCURRED	21F. HOW DID INJU	RY OCCUR?				
	(APPROX) White At	Not While	40					
	22. I certify that (1) (this hospital) attended the dece	osed from	Detember 18 19	10 to 0	ecentra 18 19 70			
	that (1) (we) last saw the deceased office on	December	10 70		on deoth accurred on the dote			
	and hour and from the causes stated above. (1) (We)	(did) (did nat) vi						
	23A. SIGNATURE	0		2	3B. DATE SIGNED			
	Kickard E, Lanton	M. D. Atten.	ding Med. S	haff hys.	12/18/70			
	23C. PHYSICIANS NAME (Type)	DEGNEE	D. ADDRESS	11/3.				
	Rich							
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of	CEMETERY OF CREA	AATORY 24D. LOG	CATION (City.	fawn, or county) (State)			
	BURIAL 12-29-20 Mt.	AUBUR,	3	AA	de			
	25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGIS		25C. FUNERAL DIRECTOR	- 10. M	ADDRESS			
	DEC 23 1970 Pasas E. Janson Ac	2	MARJ-62,226	ATH LAW -	802 Masis in Av			
1	V\$ 150-REV. 1/1/68		11111-7-01-110	-///	7. 3.3 (7. 77)			

IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

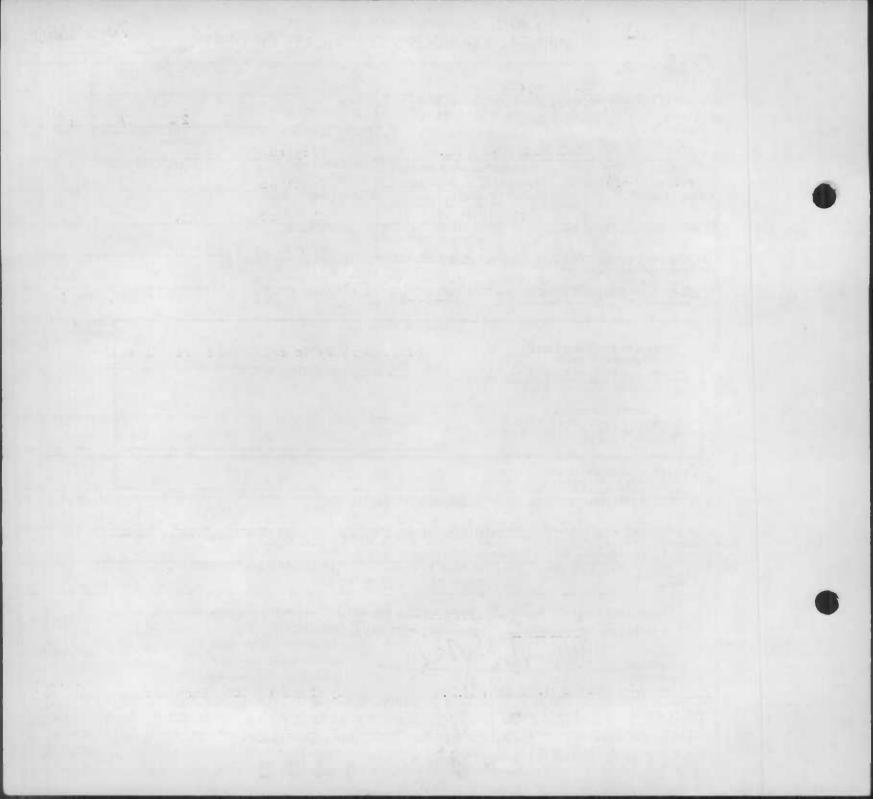
N FED WOLL	BALTIMORE CITY	HEALTH DEPARTMENT		71. 101400			
N-550 70 12449	CERTIFICA	TE OF DEATH	REG. NO	70 12449			
1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH				
(Type or Print) FLORA S. NEWMAN	J	DECEMB	RER 19. 1	9701 12:15 P M.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceased lived. II in	astitution: residence before admission)			
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	STITUTION, GIVE STREET	C. CITY OR TOWN BALTI. ORE	D. INS	IDE CITY LIMITS?			
OO 1121 MYRTLE AV	/ENUE	E. STREET AND NUMBER					
		1121 HYRTLE					
5. SEX 6. RACE 7. MARR	IED NEVER MARRIED	los	AGE (In years st birthdoy)	Months Doys Hours Min.			
FEMALE COLORED WIDOV		12-25-1878	92				
10A. USUAL OCCUPATION (Give kind of work 10B, KINI done during most all warking life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign	cauntry)	12. CITIZEN OF WHAT COUNTRY?			
HOUSE/IFE		WEST VIRGINIA		U.S.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
UNKNOWN		UNKNOWN					
15. Was Deceosed Ever in U. S. Armed Forces? (Yes,no or unknown) (III yes, give war or doles of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	41-9-14	ADDRESS			
NO		WILLIAM TRAIN	ER * 112	1 MYRTLE AVE.			
18. 6/ / 0	CAUSE OF DEATI	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY		7, 1,	11-	1 3			
LEADING TO DEATH	(A) IMMEDIATE CAU	ISE MARANDIEL	wood	ion 1			
(This does not meen the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUF TO OR AS	A COM SEQUENCE OF:	1				
injury ar camplication which caused death.)		1 -1 11	1/20/	2 ?			
ANTECEDENT CAUSES	(port	estive Heart	Thele				
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		~			
rise to the above cause (A) stating UNDERLYING CONDITION last.		HCV		?			
l II	(), , , , , , , , , , , , , , , , , , ,						
	NG ON!						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).							
U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED							
WAS PERFORMED WAS UNDERLYING	~	NO -	IN CERTIFFING CA	USES OF DEATH?			
OR CONTRIBUTING CAUSE OF DEATH (natily medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, loctory, street, of etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimar	re City, give exact lacation:			
O 21 D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?				
S OF INJURY	While At Not While						
(APPROX.)	Work At Wark		1 0				
22. 1 certify that (1) (this haspital) attend		Jec 3 19	10 10 D	6 19 1970.			
that (I) (we) last saw the deceased alive		,	in(my) (aur) apl	nion death accurred on the date			
and haur and from the couses stated abav	e. (1) (We) (did) (did nat) v	iew the bady after death.					
23A. SIGNATURE	11 hit			23B. DATE SIGNED			
Meson Wextons	Afte Phys	minding Med. St. Director Ph	haff nys.	12-22-70			
23C.PHISICIAN'S		23 D. ADDRESS					
STAME (Type)		844 N. CAREY	ST., BAL	TO. MD.			
GEORGE I COON	C. NAME OF CEMETERY OF CRE			ity, lown, or county) (Stote)			
REMOVAL (Specily)	C OF CANADA OF CANA						
BURIAL 12-23-70	MT. AUBURN		LTIMORE,	MARYLAND			
DEC 23 1970 DEC 258 NA	ME OF REGISTRAR	25C. FUNERAL, DIRECTOR	ETH LAW	802 MADISON AVE			
VS 150-REV. 1/1/6B	***	1					



70 12450 BALTIMOI

PRE CITY HEALTH DEPARTMENT	yang -
	10

W-30	9	MED	ICAI	-	AMINER'S			F DEAT	Ή		12450	
BIRTH NO.									REG. NO.			_
1. NAME OF DECEASED (Type or Print) Marie Wyatt					2. DATE OF DEATH	Known K	Month	Doy	Yeor	Hour	м.	
				3. DATE		Month	Doy	Year	Hour	141.		
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPITA	LORINS	NOITUIII	I, GIVE STREET		UNCED DEAD	12	21	70	1:45 p	
OK INSTITUTION		1000	. 11			A. STATE	ESIDENCE (WK	ere deceased i	B. COUNTY	n; residence	belore odmission)	1
4 850	7. RACE	1202 M		-		C. CITY OR	Maryland		ID. INSIDE C	TTV 1 IAAITS2	110	1
6. SEX		. 1			NEVER MARRIED	C. CITT ON						
female 9. DATE OF BIRT	colo	red		WED L	DIVORCED L	E CTREET	Baltimor	e	Y	ES L	ио Ц	_
7. DATE OF BIKI	1	lost birthdo	72		Doys Hours Min.	E. SINCEI	1202 McC	ullough	St.			
11. BIRTHPLACE (S	tole or foreig	in country)			ZEN OF	13. FATHER						
Vine	inia	7 7	1981	WH	AT COUNTRY?	T	ennie R	ichard	lson			
14A.USUAL OCCU	PATION (Give	e kind of work	T48: KIN	OF BU	SINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN N	AME				_
done during most of w		en irretired)				Ma	ndv Cob	hs			1 7 D45	4
16. WAS DECEAS	ED EVER IN				SECURITONO 61		MANY Virg		lawt.hof	PRESS	same	-
(Yes, no or unknown)	(If yes, give v	vor or dotes	ol service	") (~ SECORITY MO? ~~	1 11	0 1116	222200	101101	,		
19.	1 66.				CAUSE OF DEA	TH					PPROXIMATE INTERVA	
(This does not heart follure injury or con DISEASES (RISE TO THIS INDERSYMENT)	E OR COND LEADING TO of meon the osthenia, etc. plication which NTECEDENT DR CONDITION E ABOVE CAN NG CONDITION OF CONDITI	DEATH mode of dy . It meons the ch coused der CAUSES ONS, IF ANY USE (A) STA	ing, e.g., disease, aih.)		(A) IMMEDIATE OF DUE TO, OR			diovasc	ular di	sease		
DISEASE OF	IIFICANT CON ATH BUT NOT CONDITION FOPERATION	RELATED TO GIVEN IN P	THE TERM	AIN AL	HICH OPERATION W	AS PERFORM	NED			21. AUTO	OPSY? (Yes or No	<u></u>
UNDERLYING		TRIB-		228. PL/ home, fe	ACE OF INJURY(e.g., orm, factory, street, office	in or obout	22C, WHERE DI	O (If In Boltim	ore Cily, give ex	act location)		_
		oy) (Yea	r) (Hou	·		WHILE WORK	22F. HOW DID	INJURY OCC	CUR?			
ACTUAL SIGNAT EXAMIN	URE	ener U. 248. DATE 12/2	Spi 4/00	tz,	M.D. M.E. M.E. M.E. M.E. M.E. M.E. M.E.	ASS ASS Deputy or CREMATO	chief MEDICA Chief	Undeterm L EXAMINER L EXAMINER L EXAMINER edical D. LOCATION A A (Examine County	rn, or county	10	_
DEC 23	1970	PoBer &	- Fai	Berg &	E. C.	Ãd	olphus	Halst	ead 120	56 W	"orth A	V



VS 151-REV. 1/1/68

25C. FUNERAL DIRECTOR

24D. LOCATION

24C. NAME of CEMETERY OF CREMATORY

Calvary Cemetry

ADDRESS Adolphus, Halstead 1206 W

Courte Vown, or county)

orth A

(Stote)

12/22/70

24A. BURIAL CREMATION.

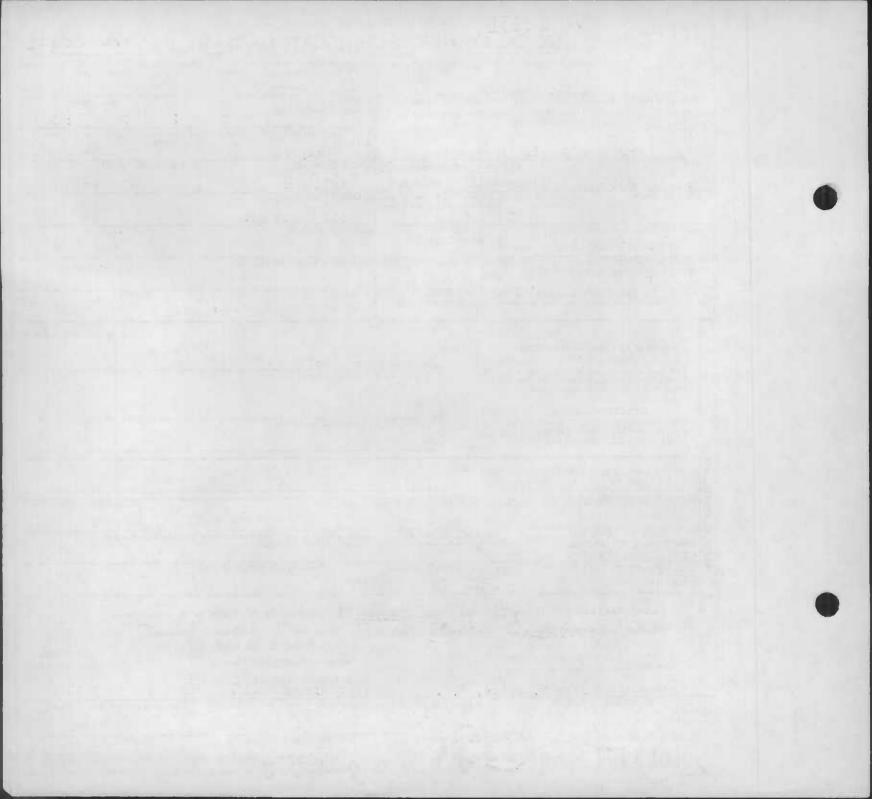
25A. DATE REC'D BY HEALTH DEPT.

Werner U. Spitz, M.D.

258. NAME OF REGISTRAR

24B. DATE

12/28/70



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was D.O. shows:

eceased

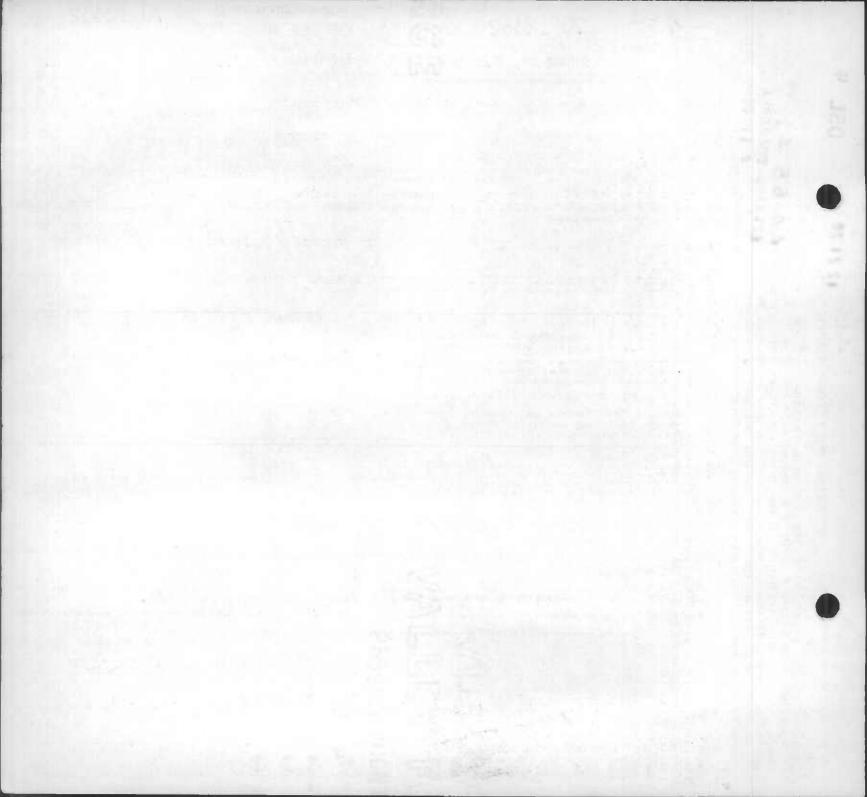
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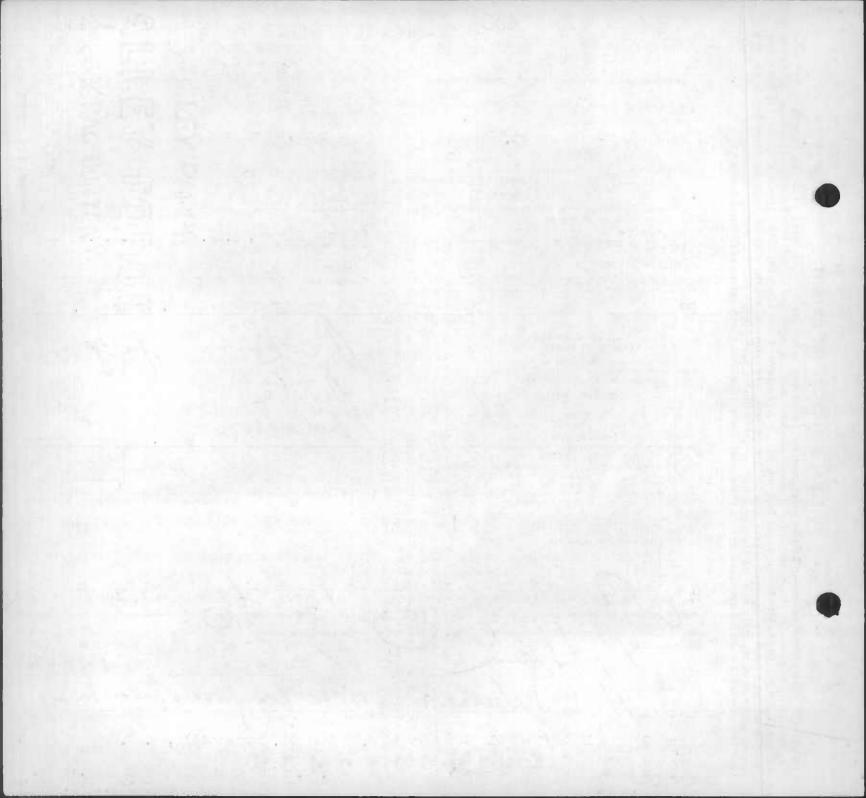
rcduse use; (5) J

ADDRESS

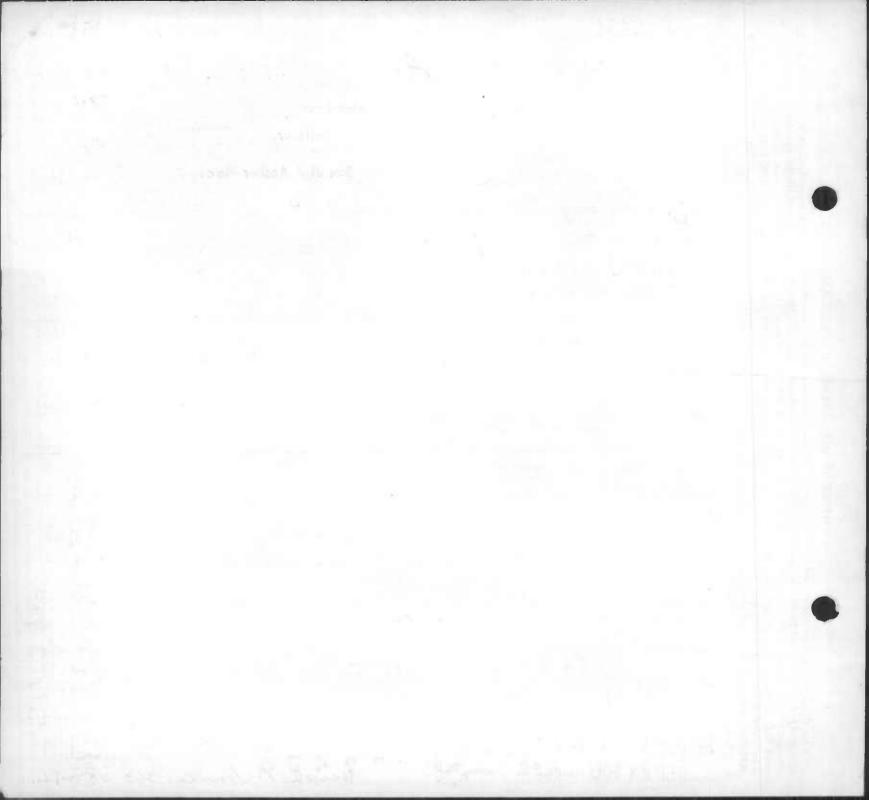


deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

-	7 /		LOAFO	BALTIMORE CIT	Y HEALTH DEPARTMEN	T	71 313450
	- 455 H NO.		12453	CERTIFICA	ATE OF DEATH		70 12453
	e or Print)	HARRIET SKIL	TMANT		2, DATI	AND HOUR OF DEATH	
3. 1		IMORE, MARYLAND, W		NCED DEAD	4. USUAL RESIDENCE	Where deceased lived. If	institution: rosidence before admission)
FUI	L NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITU	TION, GIVE STREET	200 North	ounn Greene Street	
INS	TITUTION	ADDRESS OR LOC.	A IION)		C. CITY OR TOWN		SIDE CITY LIMITS?
0	0 200	North Green	e St.		Baltimore M E. STREET AND NUMBE	aryland ER	YES NO NO
5. S	EX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
F	•	White	WIDOWED A	DIVORCED	2/10/79	lost birthdoy)	Months Doys Hours Min.
		PATION (Give kind of wor rorking life, even if retired)	k 10B. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or	loreign country)	12. CITIZEN OF WHAT COUNTRY?
uone	Housew:				Liberty Corn	er N T	II S A
13.	ATHER'S NAM	A E			Liberty Corn	NAME	J. U. D. A.
	John W:	ilson			Anne Seder		
15. \	Vos Deceosed	Ever in U. S. Armed Fo	rces?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
(163	no	in yes, give wor or don	C3 Of Scivicer	SECURITI NO.	Kenneth Gur	thwaite 200 N	Greene St.
	18. 44 /	2.4-1		CAUSE OF DEA		200 1	APPROXIMATE INTERVAL
	DISEAS	E OR CONDITION DI	RECTLY		//	1	BETWEEN ONSET AND DEATH
		LEADING TO DEATH		(A) IMMEDIATE CA			flew years
	hearl failure,	al mean the mode of asthenia, elc. It means	s the disease,	DUE TO, OR AS	A CONSEQUENCE OF:	~	0 1
		plicolion which coused			Man V		10
		ANTECEDENT CAUSES		(B)	Jenn	<u> </u>	
-		R CONDITIONS, if		DUE TO, OR A	S A CONSEQUENCE OF:	(XI)	11
		CONDITION last.		(c)	processor	4604	
7		II					
101		ICANT CONDITIONS CO H BUT NOT RELATED TO T					
CA	19A. DATE OF	OPERATION 198 CON		HICH OPERATION	20 A. AUTOPSY? (Yes	or No) 208, IF YES, WERE	FINDINGS CONSIDERED
RTIFIC	6		RFORMED			IN CERTIFYING C	AUSES OF DEATH?
AL CER	OR CONTRIBU	TING CAUSE OF	21B. F home etc.)		in or about 21 C. WHERE DI office bldg., INJURY OCCU		are City, givo exact location)
DIC	21D. TIME	(Month) (Doy) (Year)	(Hour) 21E.	NJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
MEDI	(APPROX.)		While	At Not Wh	ile 📉		
		(1)	Work			/7	7 28 1 72
	6.1	that (1) (this haspita		deceased from	10 70	196 / 10	L 70 19 10,
		last sow the deceas	1				inion death accurred an the date
	and haur and 23A, SIGNATU		rted obave (I)	(We) (dill) (did nat)	view the body ofter dec	oth.	23 B. DATE SIGNED
	23A. 310NATU	1 / 1/2/60	Lun	At	hending Med.	□ / Stoff □	2 = 19 : 7 =
	23C. PHYSICIA	NPS .		DEGREE Ph	ys. La Director L 123D. ADDRESS /	Phys. L	21/10
	NAME (T)		1 alam	1 - M (A-	5/6//	reciptor St 1	Salos /12 2/201
24A	BURIAL CREA	MATION, 248, DATE	24C. NA	ME of CEMETERY OF C		D. LOCATION (City, town, or countyl (State)
	REMOVAL IS	pecilyl	~~	3 = -		./	T T
25A	Burial	12/22/	70 Old	Cemetery of	N. Bridge St.	Sommerville.	14
	Control of the last of the las	BY HEALTH DEPT			25C. FUNERAL DIREC		ADDRESS
	Control of the last of the las		25BANAME OF				Address North & Pa. Aves.



	70 12454 BIRTH NO.		HEALTH DEPARTMENT	X REG. NO	70 12454
	1. NAME OF DECEASED	A		AND HOUR OF DEAT	
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONC	TITO HO	14 HSHAL RESIDENCE (W	7" Dec. 19	institution: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTI-		A. STATE B. COL	JNTY	institution; residence before admission)
	INSTITUTION		C. CITY OR TOWN	D. 1N	ISIDE CITY LIMITS?
4	SINAL HOSPITAL OF BALTIL	YORE INC.	Salisbury E. STREET AND NUMBER		YES NO
	5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	Box 3 A Arg	Page (In years	If Heder I Ve. If Heder 24 H.
	M CALC. WIDOWED	DIVORCED	9-6-11	lost birthdoyl 5	Months Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	oreign country!	12. CITIZEN OF WHAT COUNTRY?
	INsurance Met	apolitan	Sicily	Italy	U.S.A
	13. FATHER'S NAME	U	14. MOTHER'S MAIDEN N.	AME	
	Vaul J. Marino		unk.		
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	118.00		Mr. Vaul	Marino	
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU	SE Probably ac	inte Inbara	chnock 24 hrs
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. If means the disease,		A CONSEQUENCE OF: 6/6	eding	***************************************
	injury or camplication which caused deoth.) ANTECEDENT CAUSES	0	n		
	DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF!	locytic lonk	emia. 4 hecks.
	rise to the above cause IA) stoling the UNDERLYING CONDITION last.				
		(6)			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 1986 CONDITION FOR WAS PERFORMED				
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or h	No. 208 IE VEC WERE	ENDING CONTRACTOR
	WAS PERFORMED		TO A A DIOP STATES OF T		FINDINGS CONSIDERED AUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 218	ne, larm, lociory, street, of	or obout 21C, WHERE DID	(If In Boltimo	ore City, give exact location)
		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
	(APPROX.)	ile At Not While			
	22. I certify that (1) (this hospital) attended t	he deceased fram	11-30-	19 70 ta	12-19-1970
	that (1) (we) last saw the deceased alive an_		19_70and t	hat in (my) (aur) ap	inlan death accurred an the date
	and hour and from the causes stated above. () (We) (did) (did nat) v	ew the bady after death.		
	23A. SIGNATURE Stand	Atte	nding Med.	Shell Fred	23B, DATE SIGNED
		DEGREE Phys.	Director L	Staff Phys.	12/19/10.
	23C. PHYSICIAN'S NAME (Type) P. PRASAD		ON ADDKESS		
		AME of CEMETERY of CRE	MATORY 24D.	LOCATION (C	ity, town, or countyl (Stotel
	Burial 12/22/70 Me			Bo 14.	Mil
	25% DATE REC'D BY HEALTH DEPT. 258 NAME C		25C FUNERAL DIRECTO	R	ADDRESS
	DEC 23 1970 Pale E. Ja	Bay PED	- Joseph)	2. Zannya	263 S. Conkline
1	/S 150-REV. 1/1/68				



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FUNERAL DIRECTOR: IMPORTANT	amin A fra ho regu
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N	by a by a) Boo the thysi
-	y the ital e; (2 here No p
	hosp atur pt w (6)
0	the the and and obta
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	dec dec mus
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death of shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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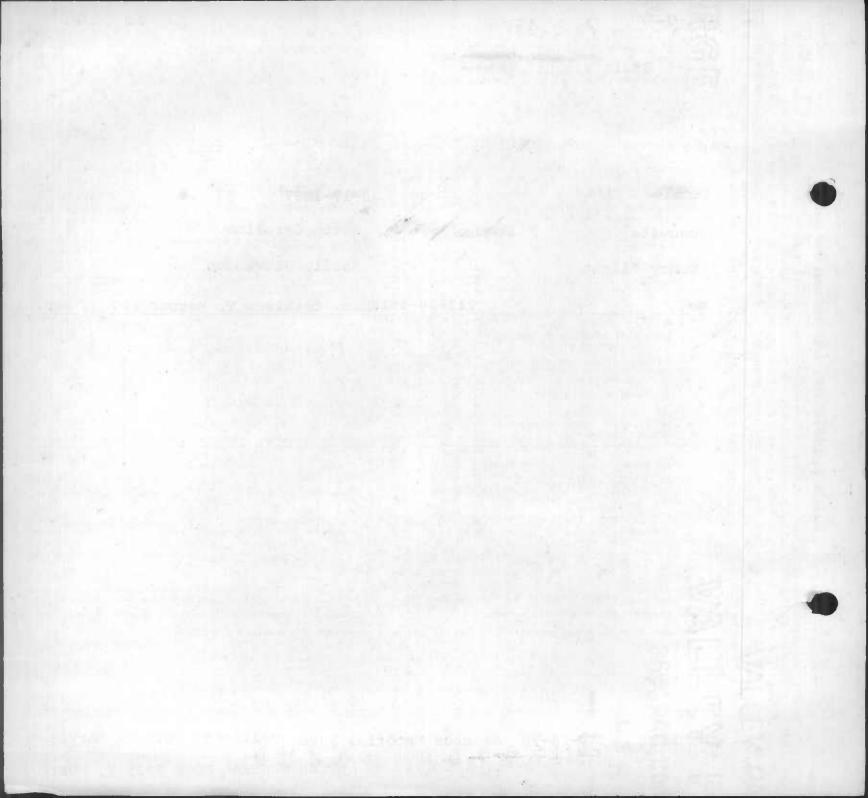
	70 12	455 70-124	55	BALTIMORE CITY	HEALTH DEPARTMEN	Т	75 1945-	
В	RTH NO.			CERTIFICA	TE OF DEATH	H REG. NO	70-12455	
1,	NAME OF DEC	ASED			2. DAT	E AND HOUR OF DEAT		
	(Colores	Erwin	R. Nutte	r		12/17/70	10:25	P. ~
3.	CERT	MORE MARYLAND	HERE PROMOU!	EN PED	4. USUAL RESIDENCE I	Where deceased lived, if	institution: residence before	odmissian
H	JLL NAME OF	ADDRESS OR LOC	AL OR INSTITU		Maryland	and the same	1501	6
III.	NOITUTION	100000000000000000000000000000000000000		12-23-70	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?	
1	Baltime	ore City Hos	pitals		Baltimore E. STREET AND NUMBE	R .	YES NO	
	4940 E	astern Ave.	Balto.	, Md. 21224	1711 N. H	ilton Street	21216	
5.	SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 13	9. AGE (In years lost birthday)	If Under 1 Yr. If Und Months! Doys Hours	der 24 Hrs.
100	Male	Negro	WIDOWED	DIVORCED	3/20/14	57 56	Trouis Doys 11001s	iviin.
do	ne during most of w	orking lite, even if relired)	108, KIND OF I	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or	foreign country)	12. CITIZEN OF WHAT	COUNTRY
	Barber				Maryland		U.S.A.	
113	FATHER'S NAM	NE .			14. MOTHER'S MAIDEN	NAME		
15		Nutter			Bertha El			
(Ye	s, no of unknown)	Ever in U. S. Armed For (If yes, give wor ar dote	s of service)	6. SOCIAL SECURITY NO.	17. INFORMANT Mr 4940 Easte	s. Mary E. Nu		-
	No			119-05-3289	BCH: Reco	rds, Baltimo	ore, Maryland	12122
K	18.	OR CONDITION DI	.0	CAUSE OF DEATH			APPROXIMATE I	NTERVAL
	DISCASI	EADING TO DEATH	KECILY		Pneumonia		2 day	C
	(This does no	t mean the mode of isthenia, etc. It means	dying, e.g.,	(A) IMMEDIATE CAUS	CONSEQUENCE OF:	λ.	2 day	D
	injury or comp	lication which caused	death.)					
		NTECEDENT CAUSES		(8) Carci	noma of ston	nach	Unknov	vn
	rise to the	above cause (A)	any, giving stating the	DUE TO, OR AS	A CONSEQUENCE OF:	***************************************		10000000
	UNDERLYING	CONDITION lost.		(c)				
z	OTHER CLCANE	11	. ITalatian . a					
ATION	TO THE DEATH	CANT CONDITIONS CO BUT NOT RELATED TO TI NOTION GIVEN IN PAR	IF TERMINAL	Pulmonary t	uberculosis,	old, inactive	30 year	S
문	19A. DATE OF	OPERATION 198 CON	DITION FOR WH	IICH OPERATION	20 A. AUTOPSY? IVes of		FINDINGS CONSIDERED	
ERTI	12/10/	70	Ca	of stomach	YES	IN CERTIFYING CA	YE	S
AL C	OR CONTRIBUT	WAS UNDERLYING	21 B. PI home,	form, foctory, street, affi	or obout 21 C. WHERE DIE	(If In Baltimo	re City, give exact location)	
DIC		nedicol exominer)	etc.)					
MEC	OF INJURY	Month) (Doy) (Year)		At Not While		INJURY OCCUR?		
	IAPPROX.)			At Work				
	22. I certify t	hat (1) (this hospital	attended the	deceosed from NC	ovember 14	19 70 to Dec	ember 14 19	70
				ecember 17	1910and	that in (my) (aur) ap	Inian deoth occurred an	the dote
	23A. SIGNATUR	from the causes stat	ed obave. (1) ((We) (did) (did not) vi	ew the body ofter deor	h.		
	(Sylvestry	Stern	Mr h negree Phys.	ding Med.	Staff 🔯	23B, DATE SIGNED	
	23 C. PHYSICIAN	s CV	27	DE ONEE!	D. ADDRESS	Staff Phys.	12/21/70	
	NAME (Typ		arioff T		Ralti	more City H	ospitals	
24/	BURIAL CREM	ATION, 24B. DATE	24C. NAM	E of CEMETERY OF CREA	4940 Easterr	Ave. Balto	Md. 2122	4
	Burial	12-22-7	0 Arbu	tus Memorial		altimore Co.,		(Stote)
254		Y HEALTH DEPT.	258. NAME OF		25C, FUNERAL DIRECT		ADDRESS	
	DEC		18 E. Jan		0 6 6	neral Home		
VS	150-REV. 1/1/68				THE THE			

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1	BALTIMORE CITY	HEALTH DEPARTMENT 70 12456
	10-420 70 12456 CERTIFICA	TE OF DEATH REG. NO.
ond eoth osed the Such	I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
deot eose n th Suc	(Type or Print) HERBERT BLACK	December 21, 1970
0 0 6	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE [Where deceased lived, If institution; residence before admission]
		A. STATE B. COUNTY
4 8 0	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
00000	INSTITUTION	Baltimore YES NO
ng c cous otter	32 N. Bernice Avenue	E. STREET AND NUMBER
0	32 N. Bellitee livelide	32 N. Bernice Avenue
but ned no d p	5. SEX 6. RACE 7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
tri tri di	Male Negro WIDOWED DIVORCED	6-26-1901 lost birthdoy) Months Doys Hours Min.
re- re- re- re-	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
or condet indet dec	done during most of working life, even if retired	al Maryland USA
D D O O S	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
rec (4) w th th	2 2 2	Bertha Groves
di di	15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
S + A D OFF		Mrs. Mary Black 32 N. Bernice Avenue
s as any ced ndo	3/17	BETWEEN ONSET AND DEATH
so of of the ted	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	SE Carepromer of MUNCIS
HO O O E	(A) IMMEDIATE CAU	A CONSEQUENCE OF:
or or bo	heart failure, asthenio, etc. It means the disease,	
fro p	ANTECEDENT CAUSES	
007 -00	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
3) b	rise to the obove cause (A) stoting the	
0 0 0	UNDERLYING CONDITION last. (C)	
medica edica burns; hysici n was	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
me nec bu phy on	O THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
ho d	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
chi y o Bo th th		No CERTIFICO CASES OF BEATIN
he (2)	OR CONTRIBUTING CALLSE OF home form foctory street of	n or about 21 C. WHERE DID (If in Boltimare City, give exact location) fice bldg., INJURY OCCUR?
to the to the period	DEATH (nofily medical examiner)	
d b sspi tur tur t w t w t w t w t w t w t e d o o o o o o o o o o o o o o o o o o	Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
9 6 0 0	(APPROX.) While At Work At Work	e
or x x respectively	22. I certify that (1) (this haspital) attended the deceased from	1970 to December 1970.
d 0 0 0	that (I) (we) last saw the deceased alive an Newper 15	19. and that in(my) (aur) apinian death accurred an the date
00 = 7	and haur and fram the causes stated abave. (1) (We) (did) (Hid nat) v	
dent dent ospite deot	23A. SIGNATULE	238, DATE SIGNED
eo ide ide hos d	Illasta, (1 Bedage W1). Atte	nding Med. Stoff X De 73 195
relation of the color of the co	23C. PHYSICIAN'S	23D. ADDRESS
wos re An acc A. ot o prior t	NAME (Type)	
Pp & A	Marshall Bedine M. D. DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	John Hopkins Hospital MATORY 24D. LOCATION (City, town, or county) (Stote)
certificody works: (1) D.O.A.	REMOVAL (Specily)	tony, lowing or country (store)
	Burial 12-24-70 Arbutus Memor	ial Park Baltimore Co. Maryland
This ce the books: wos D. deceos	258. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS
F = 2 3 0 3	DEC23 19/11 See See See Man	- NUTTER FUNERAL HOME 3035 W. NORTH AVE
	A3 130-LF A1 1/ 1/ 0 b	

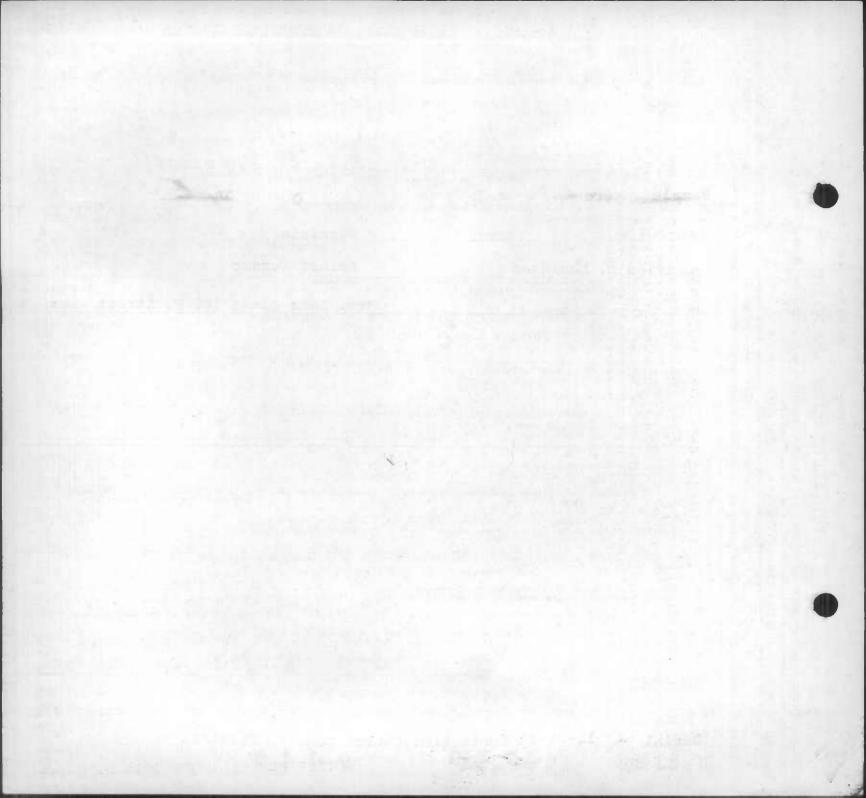
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1 0=1	BALTIMORE CITY	HEALTH DEPARTMENT		71. 19457
BIRTH NO. 12457	CERTIFICA	TE OF DEATH		70 12457
(Type or Print) Sudie Vaughn	fan -	2, DATE AND H	- 70	10.30 pm.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) INSTITUTION		A. STATE B. COUNTY Mory land. C. CITY OR TOWN,		tution; residence before admission)
Lutheran Hosp. of Mary 730, ASHBURTON St.	land	E. STREET AND NUMBER 3505 Powh	attan Ave	YES NO .
Female Negrow WIDOWED WIDOWED	DIVORCED JUSTINESS OR IND. TRY	151	73	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even if retired) Housewife Home		North Carolin		U.S.A.
Henry Flight		Sallie Steven	son	
	SECURITY NO.	17. INFORMANT		ADDRESS
No 2	13-36-3915	Mrs. Cathleen	V. Harper	807 N. Bentalo
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It means the disease,	(A) IMMEDIATE CAL	Managive int	ernal ble	seeling 2 hours.
Injury or complication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) sloting the UNDERLYING CONDITION last.	(B) CO (C)	of the bancres of consequence of	<u> </u>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
198. CONDITION FOR WH	ICH OPERATION	Not allowed -	B. IF YES, WERE FIN CERTIFYING CAUS	IDINGS CONSIDERED
I O I 21 A. ACCIDENT WAS UNDERLYING I 21 B. PL	ACE OF INJURY (e.g., i	n of obout 21C. WHERE DID	(If in Baltimore	City, give exoct location)
21D.TIME (Month) (Doy) (Yeor) (Haur) 21E. IN OF INJURY (APPROX.) While Work	At Not While At Work	e 21F. HOW DID INJURY	OCCUR?	
22. I certify that (I) (this haspital) attended the that (I) (we) last sow the deceased alive on	12-21-70		n (my) (our) opini	on death accurred on the date
and haur and from the causes stated above. (1) (23A. SIGNATURE	> MD Atte	anding Med. Stof S. Director Physics		12-21-70'
23C. PHYSICIAN'S NAME (Type) C. GAKUB	A . DEGREE	Luthern Aof	SHBURTO	N St.
REMOVAL (Specify) Burial 12-24-70 Arb DE BASE SECTION HEALTH DEPT 268. HAME OF	utus Memor		imore Co.	Maryland AODRESS 035 W. NORTH AVE
VS 150-REV. 1/1/68				

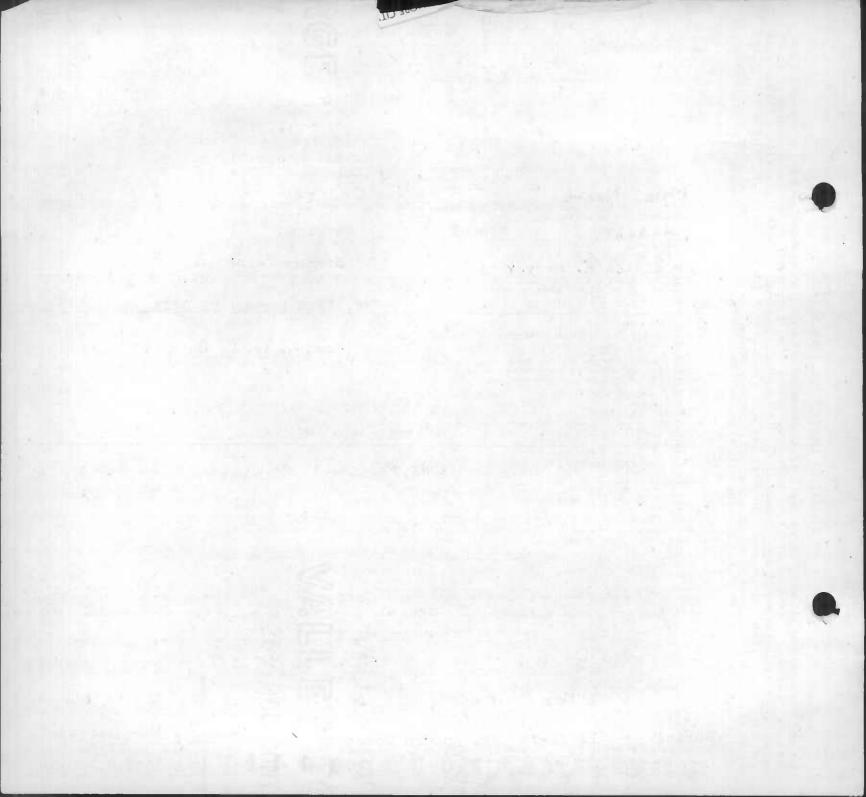


	1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death, to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	1.1 221	BALTIMORE CITY	HEALTH DEPARTMENT		70 12458
BI	U-230 70 12458	CERTIFICA	TE OF DEATH	REG. NO	70
	NAME OF DECEASED		2. DATE	AND HOUR OF DEATH	
(1)	pe or Print) MOLLIE WEST		1.2	1-21-70	1 4 55AM M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	INCED DEAD		Where deceased lived. If in DUNTY	stitution: residence before admission)
II H	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ITION, GIVE STREET	C. CITY OR TOWN	D. INSI	IDE CITY LIMITS?
	JOHNS HOPKINS HO	OSPITAL	BALTIMOR E. STREET AND NUMBER		YES NO
1	JOHNS THE KING THE		318 E.	LAFAYET	TE AVE.
S.	SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years a lost birthday)	Months Ooys Hours Min.
]	Female Negro WIDOWEO	X DIVORCED	9/15/00	70	
	A. USUAL OCCUPATION (Give kind of work 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	fore gn country)	12. CITIZEN OF WHAT COUNTRY?
do	ne during most of working life, even if retired)		772		IIC A
12	Housewife Home	е	Virginia 14. MOTHER'S MAIDEN	NI A AA F	USA
11,2					
	Charles E. Davidson		Esther Tu	rner	
1 S	. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (II yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS Beckley,
	No		Mrs. Anna B	anks 506 F.	Street West Va.
	18.	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY				,
	LEADING TO DEATH	(A)IMMEDIATE CAL	ISE Septic	Shock	24 hours
	(This does not mean the mode of dying, e.g., heart failure, osthenio, etc. II means the disease, injury or complication which caused death.)	DUE TO, OR AS	A CONSEQUENCE OF:		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		^ .	1		7 /
	ANTECEDENT CAUSES	(B) 2mall	Bowel Obstru A CONSEQUENCE OF:	(2101 W1 64	3 days
	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the			10,010,1	5
	UNDERLYING CONDITION last.	(c) Str	angulation	09 Intaction	79-36 hour
	11				
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Non	٥		
ATI	: 10 THE DEATH BUT NOT RELATED TO THE TERMINAL	1V GN			
110	19A. DATE OF OPERATION 19B. CONDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING CA	FINDINGS CONSIDERED
SPTIE	12 30 -> 12 21 /79 Small bowel in	Sarction	No		
14	OR CONTRIBUTING CAUSE OF	e, form, foctory, street, o	ffice bldg., INJURY OCCUR	(If in Soltimor	e City, give exact location!
1 2	21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW OID	INJURY OCCUR?	
AA S		le At Not Whi	le 🗖		
	Wor				
	22. I certify that (1) (this haspital) attended th	ne deceased from De	2.C19	19 76 to De	5 21 , 73 19 70 .
	that (I) (we) last saw the deceased alive an	Dec 21	19 70 and	that in (my) (aur) api	nian death accurred on the date
	and haur and fram the causes stated above. (1) (We) (did) (did nat)	view the bady after dea	th.	
	23A. SIGNATURE				23B, DATE SIGNED
	Oda m may	m D DEGREE Phy	ending Med. Director	Stoff Phys.	12/31/70
	23C, MYSICIAN'S	DE GREE!	23D. ADDRESS		
	/NAME (Type)	17 0		11 -11	2 11 2 11 1
27	A. BURIAL CREMATION, 248, DATE 24C, NA	ME of CEMETERY OF CR	Johns Hopkin	D. LOCATION (C)	ity town or county) (State)
22	REMOVAL (Specify)	THE OF GENTLICKT OF CR	241		The state of country control
	Burial 12-28-70 Scc	tt Zion Chi	irch Cem	Virginia	
25	A. DATE REC'D BY HEALTH DEPT.	F REGISTRAR			ADDRESS
1	ILU 23 1310 JUBBLE EN MANSEY	400	NUTTER FU	WERAL HOME	3035 W. NORTH AV
V	150-REV. 1/1/6B				

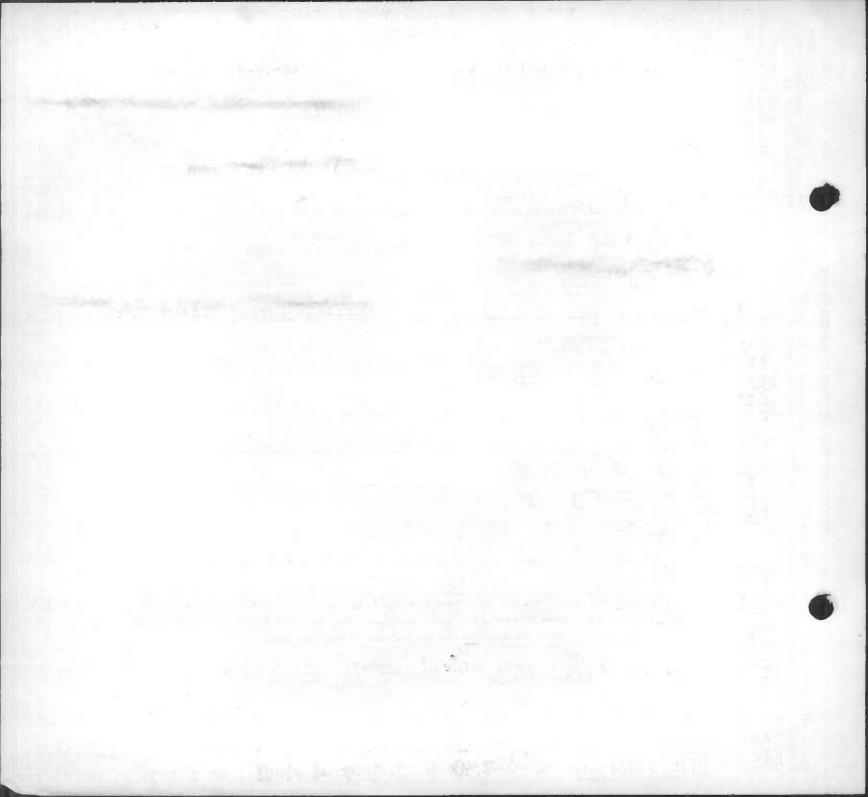


VS 150-REV. 1/1/6B



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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a haspital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
W. W.
ody Sec. (1)
is cowing
the wear

	1-200	HEALTH DEPARTMENT 70 12460
	BIRTH NO. 1246U CERTIFICA	TE OF DEATH
	(Type or Print) LEWIS, Edith V.	12-19-70 2 h.m.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	- Maryland Vorch Stu c. CITY ORTOWN D. INSIDE CITY LIMITS?
	UNIVERSITY OF MARYLAND HOSPITAL	ELLICOTT YES NO
	38	E. STREET AND NUMBER
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years 11 Under 1 Ye., 11 Under 24 Hrs.
	tamale Negro WIDOWED DIVORCED	8/17-14 Tast Birthday) Manths Doys Hours Min.
	done during most of working life, even if refired) Home	Mandand 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Abraham Matthews	RACHEL SNELL
	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dotes al service) SECURITY NO.	17. INFORMANT ADDRESS
	NO CAUSE OF DEATH	Harriett Parker 8234 N. Lark Brown Rd.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(A) IMMEDIATE CAU	SE SCHOOL OVY DAY
	ANTECEDENT CAUSES	to the Paris and It was Via
		A CONSEQUENCE OF:
	inse to the above cause (A) stating the UNDERLYING CONDITION last.	Metartaris - Wound Infection
	11	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1. (A).	***************************************
1	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1218 BLACE OF INJURY 18 18 18 18 18 18 18 18 18 18 18 18 18	20A. AUTOPSY? IYes or No. 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYINO 21E PLACE OF INJURY le.g., in CONTRIBUTING CAUSE OF CAUSE	or obout 21 C. WHERE DID (If In Boltimare City, give exect location) ice bldg., INJURY OCCUR?
	21D. TIME (Month) IDoy) (Yeor) IHaur) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	(APPROX.) White At Not White At Wark	
	22. I certify that (I) (this hospital) attended the deceased from	1/6 1970 10/2/19 1920
	that (1) (we) last sow the deceased office on 12/19	19 20 and that In(my) (aur) opinion death occurred an the date
	ond hour ond fram the causes stated above. (1) (We) (did) (did not) vi	ew the body after death.
	Allenda do Alivero (M. P. Atten	ding Med. Shoff M
	25C. PHYSI CIAN'S	Director Phys. 2 12/19/20
		INIVERSITY OF MARYLAND HOSPITAL
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREA	RALTIMORE-Ma-VIZO/ MATORY 24D. LOCATION (City, town, or county) (Stotel
	Burial 12-23-70 Arbutus Memori	al Park Baltimore Co Maryland
	DEC 22 1070 (2.0 BE STAR CONTRACTOR	25C FUNERAL DIRECTOR ADDRESS
11	S 150-REV. 1/1/6B	PROFILER HUNERAL HOME 3035 W. NORTH AVE.

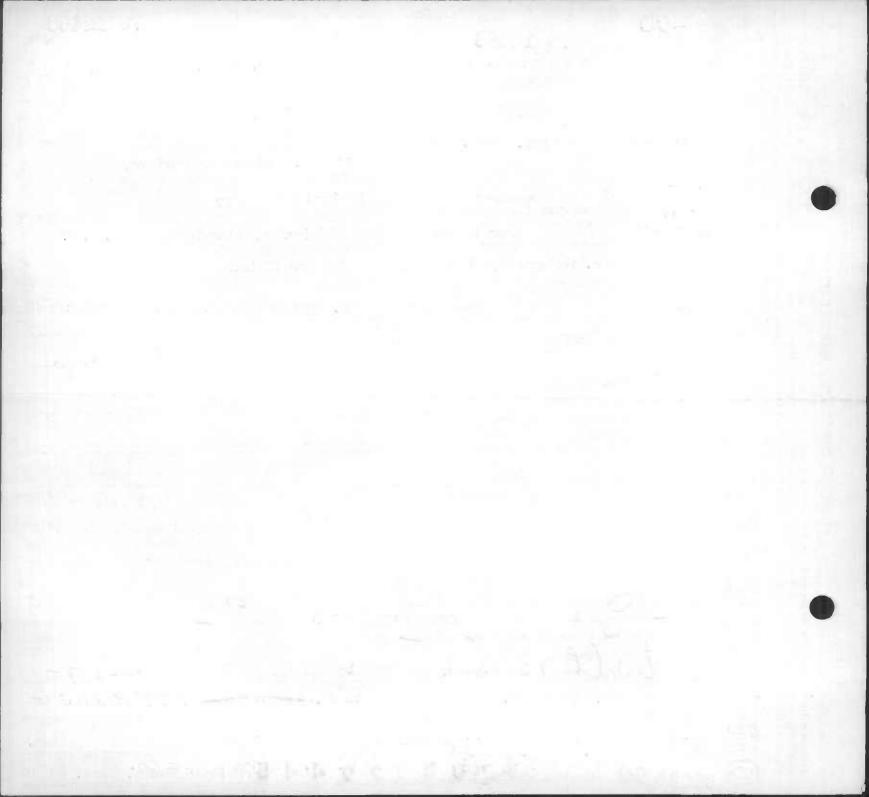


BALTIMORE CITY HEALTH DEPARTMENT 70 12161 Registered Na. CERTIFICATE OF DEATH al and death Such Deceased M.E. CASE NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY hospital WILLIAM FE.C. ath. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND of attendance etermined cause; (5) 0 COUSE FULL NAME OF (If not in hospital or institution, give street GCIALKAATT 0 oddress or location) HOSPITAL OR CITY OR TOWN (If autside city limits, write RURAL and give township) NOITUTITZNI 10 MALTITIORE GUMMARTI GRASHAL prior D. STREET ADDRESS (If rural, give location) contributing 1403612 Ar occurred SUCHANDA WASIGATT regular mad It Under 1 Yr. It Und Months: Doys Hours 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years It Under 24 Hrs. 5. SEX 6. RACE deceased WIDOWED, DIVORCED (specify) MEG-120 (ARRICO 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) = U.S. 7 Und 0 mail clerk Postal Service (HETLEND SID 14. MOTHERS MAIDEN NAME 13. FATHERS NAME the direct (4) 3 Mary Lansey George Lee assistant eath kind; O IS. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL 0 final (Yes, no ar unknown) (If yes, give wor or dates of service) SECURITY NO. ance Mrs. Catherine Lee 2414 Madison Avenu No ъ 213-03-7271 any CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH ounce attend DISEASE OR CONDITION DIRECTLY ABBOTTING L Also, med of LEADING TO DEATH PTURED RORTIC HUBURINT cture (This does not mean the mode of dying, e.g., 0 0 heart failure, asthenia, etc. It means the disease, examiner examiner. gular pr injury or camplication which caused death.) fra ANTECEDENT CAUSES 0 DUE TO ¥ × 10 are 4 DISEASES OR CONDITIONS, if ony, giving 3 rise to the above cause (A) stating the = UNDERLYING CONDITION lost. the remains chief medical physicia medical Was burns; OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION Bod the 0 WAS PERFORMED 20 21A. ACCIDENT WAS UNDERLYING RESSERON CERUPIULE THENHED es before by 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY DCCUR? the Ü (If in Bathmore City, give exact location) (2) where OR CONTRIBUTING CAUSE OF to the hospital °N DEATH (notify medical examiner nature; MEDIC/ 0 21D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 obtaine Not While approved (except White At (APPROX.) Work At Work and any 12012 22. I certify that (1) (this haspital) attended the deceased from..... 15612 1970 to eath); 19 7 and that ir (my) (aur) apinian death accurred an the date that (1) (we) last saw the deceased alive an. pe of hospital and hour and from the causes stated abave ((1) (We) (did) (did nat) view the bady after death. was released must accident 23A. SIGNATURE 23 B. DATE SIGNED 0 Attending Med. Stoff M.D. 0 Phys. Director _ pproval 0 23C. PHYSICIAN'S 23D. ADDRESS prior certificate to NAME (Type) An M.D O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION eceased 0 (City, town, or county) he body REMOVAL (Specify) written 0 shows: Burial 12-21-70 Arbutus Memorial Park Baltimore Co. Maryland SID 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. ADDRESS 2SC. FUNERAL DIRECTOR 30 FUNERAL 3035 W. NORTH AVE HOME

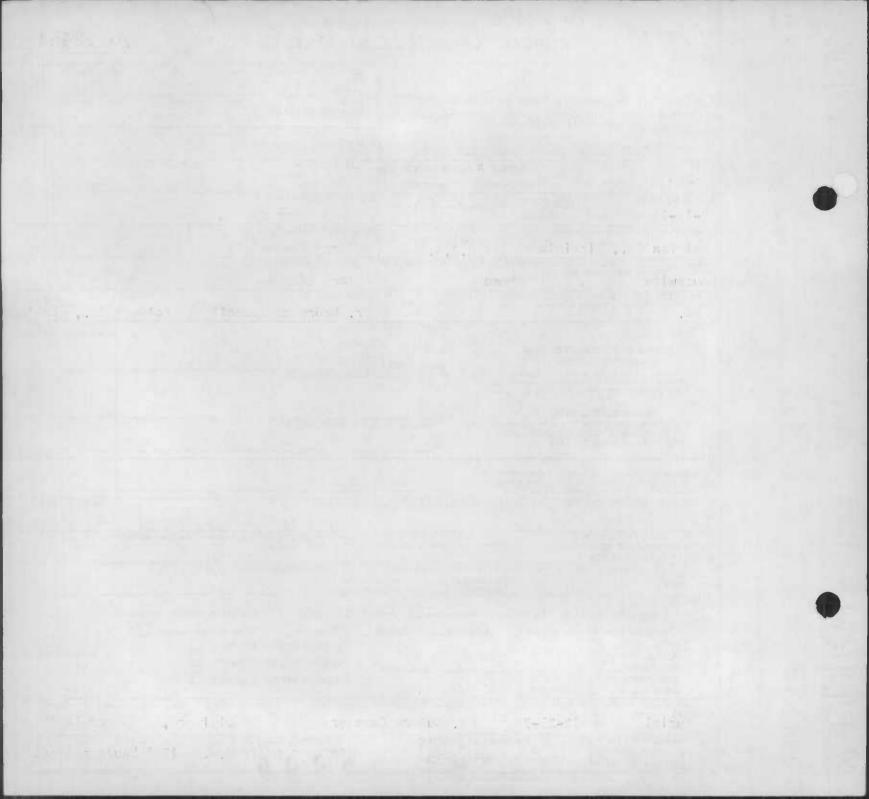
	TH NO.						
	AME OF DEC	EASED				AND HOUR OF DEAT	
		BUREN COX				ember 15,	
3. 1	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	JNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased lived. If JNTY	institution: residence before odmis
FU HC	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	Maryland c. City or town	D. IN	ISIDE CITY LIMITS?
7		447 - 17-7-1	04		Baltimore E. STREET AND NUMBER		YES NO NO
T	801 11	ttle Walsh	Street		1801 Little	e Walsh St	reet
5. S	EX	6. RACE		NEVER MARRIED X	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr, If Under 24 Months Doys Hours Mi
	ale	Negro	WIDOWED		11-16-1914	56	
		UPATION (Give kind of work working life, even if retired)	KIOB, KIND OF	BUSINESS OR INDUSTRY	11, BIRTHPLACE (Stote or fo	oreign country)	12. CITIZEN OF WHAT COU
	Presse:		Clea	ners	Maryland		USA
	FATHER'S NA				14. MOTHER'S MAIDEN N	AME	
Tall	illiam	J. Cox			Louise Tay	lor	
15.	Was Deceased	Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes	s, no ot unknown	(If yes, give wor or dote	es of service)	SECURITY NO.	2 24	3 0 30	3 F 57 40 - 3 C1
	NO 18.			CAUSE OF DEAT		A. Cox 10	15 W. 42nd Str
	DISEASES C	ANTECEDENT CAUSES OR CONDITIONS, if	any, giving	(B)	A CONSEQUENCE OF:		
ATION	DISEASES OF THE PROPERTY OF THE PEAT	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION lost. II GICANT CONDITIONS CO	any, giving staling the	(B)	A CONSEQUENCE OF:		
ATIO	DISEASES OF CONTROL OF THE PROPERTY OF THE PART OF THE	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION lost. II FIGANT CONDITIONS CO	any, giving staling the NTRIBUTING HE TERMINAL RT 1 (A).	(c)		No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
AL CERTIFICATIO	DISEASES OF THE PROPERTY OF THE DEAT DISEASE OF CO.	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION Iosl. FIGANT CONDITIONS CO HIBUT NOT RELATED TO TO ONDITION GIVEN IN PA	any, giving stating the ontributing the terminal (I) (A).	(C)WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, o	20A- AUTOPSY? (Yes or	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
ICAL CERTIFICATIO	DISEASES OF THE PROPERTY OF THE DEAT DISEASE OF CONTRIBUTION O	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION Iosl. FICANT CONDITIONS CO IH BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 1988. CON WAS PER	any, giving stating the stating the PATTING THE TERMINAL ADITION FOR MED	(C)WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, o	20A-AUTOPSY? (Yes or	(If in Boltim	AUSES OF DEATH?
ICAL CERTIFICATIO	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify)	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION Iosl. FICANT CONDITIONS CO (H BUT NOT RELATED TO T ONDITION GIVEN IN PAR FOPERATION 19R. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF medicol exominer)	any, giving staling the STAING HE TERMINAL RT 1 (A). HOTTON FOR MED	(C)WHICH OPERATION PLACE OF INJURY (e.g., of form, foctory, street, of the injury occurred to the injury occurred to the injury occurred.	20A-AUTOPSY? (Yes of NO in or obout 21C, WHERE DID ffice bidgs, NJURY OCCUR?	(If in Boltim	AUSES OF DEATH?
MEDICAL CERTIFICATIO	DISEASES CONSE TO THE DEAT DISEASE OF CONTRIBUTION OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION Iosl. FICANT CONDITIONS CO TH BUT NOT RELATED TO T ONDITION GIVEN IN PAR FOPERATION TO RECON WAS PER NT WAS UNDERLYING UTING CAUSE OF medical examiner) (Month) (Doy) (Year)	any, giving staling the staling the staling the staling the staling the staling the staling term of the st	(C)	20A-AUTOPSY? (Yes of NO in or obout 21C, WHERE DID ffice bldg., INJURY OCCUR?	IN CERTIFYING C	ore City, give exact locotion)
MEDICAL CERTIFICATIO	DISEASES OF THE DEAL DISEASE OF CONTRIBUTE OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION Iosl. FICANT CONDITIONS CO IH BUT NOT RELATED TO TO ONDITION GIVEN IN PAR FOPERATION 198 CON WAS PER NT WAS UNDERLYING UTING CAUSE OF medicol exominer) (Month) (Doy) (Year)	any, giving staling the STATE	(C)WHICH OPERATION PLACE OF INJURY (e.g., of form, foctory, street, of the injury occurred to the injury occurred to the injury occurred.	20A-AUTOPSY? (Yes of NO in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	IN CERTIFYING C	ore City, give exact locotion)
MEDICAL CERTIFICATIO	DISEASES OF ISE IN UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OF COMPANDATE OF CONTRIBUTION OF INJURY (APPROX.) 21 A. ACCIDE OF INJURY (APPROX.) 22. 1 certify that (1) (we)	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION lost. FIGANT CONDITIONS CO TH BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 198 CON WAS PER NT WAS UNDERLYING UTING CAUSE OF medicol exominer) (Month) (Doy) (Yeor)	any, giving staling the STATEMENT (A). STATEM	WHICH OPERATION PLACE OF INJURY (e.g., or	20 A. AUTOPSY? (Yes or NO in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR? 21 F. HOW DID II	NJURY OCCUR?	ore City, give exact location)
MEDICAL CERTIFICATIO	DISEASES OF SET OF THE DEAT OF INJURY (APPROX.) DISEASE OF CONTRIBUTION OF INJURY (APPROX.) 21 A. COLDET OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION lost. II GICANT CONDITION S CO TH BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 19R CON WAS PER NT WAS UNDERLYING UTING CAUSE OF medicol exominer) (Month) (Doy) (Year) that (1) (this hospital	any, giving staling the STATEMENT (A). STATEM	WHICH OPERATION PLACE OF INJURY (e.g., or	20A-AUTOPSY? (Yes of NO in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	NJURY OCCUR?	ore City, give exact location) Positive exact location Positive exact
MEDICAL CERTIFICATIO	DISEASES OF ISE IN UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OF COMPANY OF THE OTHER OF THE	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION lost. II GICANT CONDITION S CO TH BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 19R CON WAS PER NT WAS UNDERLYING UTING CAUSE OF medicol exominer) (Month) (Doy) (Year) that (1) (this hospital	any, giving staling the STATEMENT (A). STATEM	WHICH OPERATION PLACE OF INJURY (e.g., of the form, foctory, street, of the following of t	20A-AUTOPSY? (Yes or NO in or obout 21C, WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID II	IN CERTIFYING C	ore City, give exact location)
MEDICAL CERTIFICATIO	DISEASES OF SET OF THE DEAT OF INJURY (APPROX.) 21 A. SIGNAT UNDERLYING 21 A. ACCIDE OF CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and 23A. SIGNAT UNDERLYING APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION lost. II GICANT CONDITION S CO TH BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 19R CON WAS PER NT WAS UNDERLYING UTING CAUSE OF medicol exominer) (Month) (Doy) (Yeor) thot (1) (this hospito) last saw the deceose d from the couses sta	any, giving staling the STATEMENT (A). STATEM	WHICH OPERATION PLACE OF INJURY (e.g., of the form, foctory, street, of the following of t	20A-AUTOPSY? (Yes or NO in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID II	NJURY OCCUR?	ore City, give exact location) Positive exact location Positive exact
MEDICAL CERTIFICATIO	DISEASES OF THE PROPERTY OF THE DEAT OF INJURY (APPROX.) 23C. PHYSICIA NAME (TO THE DEAT OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION lost. II GICANT CONDITION S CO TH BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 19R CON WAS PER NT WAS UNDERLYING UTING CAUSE OF medicol exominer) (Month) (Doy) (Yeor) thot (1) (this hospito) last saw the deceose d from the couses sta	any, giving staling the STATE	WHICH OPERATION PLACE OF INJURY (e.g., in the foctory, street, on the foctory, street, street	20A-AUTOPSY? (Yes or NO in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID II	IN CERTIFYING C	pinian death occurred on the
MEDICAL CERTIFICATION	DISEASES OF ISE IO INDUNDERLYING OTHER SIGNIF TO THE DEAD DISEASE OF CO 19A. DATE OF 21A. ACCIDE OR CONTRIBUTE DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and 23A. SIGNAT LO 23C. PHYSICIA NAME TO Seym	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION Iosl. FICANT CONDITIONS CO THE BUT NOT RELATED TO TO ONDITION GIVEN IN PART FOPERATION TO PERATION TO	any, giving staling the STATE	VHICH OPERATION PLACE OF INJURY (e.g., e, form, foctory, street, o INJURY OCCURRED Al Work The deceased from Al Work At Work At Work At Work At At Work At W	20A-AUTOPSY? (Yes of NO in or obout 21C. WHERE DID fifice bidgs, INJURY OCCUR? 21F. HOW DID II 21F. HOW DID II	IN CERTIFYING CO. (If in Boltim NJURY OCCUR? 19	ore City, give exact location) Plantan death occurred on the

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such	be obtained before the remains are embalmed or final disposition is made.	
This certificate must be approved by the chief medical examiner the body was released to the hospital by a medical examiner. shows: (1) An accident of any nature; (2) Body burns; (3) A fractuwas D.O.A. at a hospital (except where the physician who prodeceased prior to death); and (6) No physician was in regular	Written approval must be obtained before the remains are emba	

H-400		E OF DEATH	REG. NO	70 12463		
1, NAME OF DECEASED Anne Randolph	C .	2. DATE AN	D HOUR OF DEATH	, , 35		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD		e deceased lived, If in	astitution; residence before admission)		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT ADDRESS OR LOCATION)	UTION, GIVE STREET	Maryland C. CITY OR TOWN	D. INS	IDE CITY CIMITS?		
O Broadview Apts. A	pt. 410	Baltimore E. STREET AND NUMBER 116 W. Univ	versity Par	YES NO		
WIDOWED*	DIVORCED	12-12-1893	9. AGE (In years lost birthday)	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	Home	Baltimore,	gn country)	12. CITIZEN OF WHAT COUNTRY?		
Dr. Robert Lee	e Randolph	Phoebe Ell				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 23-50-9614	Dr. Elliott R	Randolph 4	ADDRESS 202 Somerset Plac		
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	(A) IMMEDIATE CAUSE DUE TO, OR AS A C (B) DUE TO, OR AS A (C)	consequence of:	l arteriose	livie de la		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS LINDERLYING [1] 21A. ACCIDENT WAS LINDERLYING [1] 21A. ACCIDENT WAS LINDERLYING [1]		20A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?		
OR CONTRIBUTING CAUSE OF home	PLACE OF INJURY (e.g., in o e, form, foctory, street, office	about 21 C. WHERE DID	Uf In Boltimore	City, give exoct locotion)		
(APPROX)	Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED While At Dorward At Work		21F. HOW DID INJURY OCCUR?			
22. I certify that (I) (this hospital) ottended the deceased from						
23C. PHYSICIAN'S NAME (Type) Dr. Walter B. Buck Attending Med. Stoff Director Phys. Director Phys. Director Phys. Dr. 23D. ADDRESS 18 E. Fager Street 5 E. // Sida						
Burial 12-23- G	me of CEMETERY of CREMA		CATION (City Baltimore,	(State)		
25A, DATE REC'D BY HEALTH DEPT. 25B, MANE O	NGISWAR	25C. FUNERAL DIRECTOR		ADDRESS Co., Md. 21212		



70 12463	BALTIMORE CITY HE	ALTH DEPARTMENT				
M-240 MEDICAL	EXAMINER'S	CERTIFICATE O	F DEAT	Н	70	12464
BIRTH NO.				REG. NO		
1. NAME OF DECEASED		2. DATE Known	Month	Doy	Year	Hour
(Type or Print) LILLIAN MACKA	LL	OF DEATH Estimoted				M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	3. DATE	Month	Day	Year	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTI	TUTION, GIVE STREET	PRONOUNCED DEAD	12	18	1970	6:25 p "
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION		5. USUAL RESIDENCE (Who				. M
Union Memorial Hosp	ital	A. STATE Md.		B. COUNTY	90	17
6. SEX 7. RACE 8. MARRIE	ED NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CIT	Y LIMITS?	1
female negro wipowi		Balto.		Ve	s 🗈	по 🗆
9. DATE OF BIRTH 10. AGE (In years	If Under 1 Yr. II Under 24 Hrs.	E. STREET AND NUMBER		1 16	3 [_7	NO LI
lost birthday)	Months Doys Hours Min.	1519 Gorsuc	h 1 0			
	i i i		II Ave.			
	2. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME				
Halifax Co., Virginia	WHAT COUNTRY?	Jerry Edmond				
14A.USUAL OCCUPATION (Give kind of work 14B. KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN N	AME			
Housewife Ho	me	Mary Edmond				
16. WAS DECEASED EVER IN U.S. ARMED FORCES	17. SOCIAL	18. INFORMANT		AC	DRESS	
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	Mr. Laurence M	Mackall	Cal	ert C	o., Maryla
19. /	CAUSE OF DEA		Tackarr	001		PROXIMATE INTERVAL
1"450X1					SETW	VEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY	Massive pt	ılmonary emboli				
LEADING TO DEATH	(A)IMMEDIATE C					
(This does not mean the mode of dying, e.g., heart lotture, osthenia, etc. it means the disease,	DUE TO, OR	AS A CONSEQUENCE OF:				
injury or complication which coused death.)						
ANTECEDENT CAUSES	(n)					
	(B) DUE TO, OR	AS A CONSEQUENCE OF:				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						
Z ONDERENNO CONDINON LASI.	(c)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATION DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION F	110					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATION OF THE TERMINATION	NG NAL					
E DISEASE OR CONDITION GIVEN IN PART 1 (A)-						
20A. DATE OF OPERATION 20B. CONDITION F	OR WHICH OPERATION WA	AS PERFORMED			21. AUTO	PSY? (Yes or No)
U					yes	5
Z2A. EXTERNAL CAUSE WAS	28. PLACE OF INJURY (e.g.,	In or obout 22C. WHERE DIS	D (II In Boltimo	re City, give exo	t location)	
	ome, tarm, factory, street, office	e bldg., etc.) INJURY OCCUR	7			
	22E.INJURY OCCURRED	22F, HOW DID	INJURY OCC	UR?		
OF INJURY		WHILE		- 1.1		
	m. WORK AT W	ORK L				
23.	1					
I certify that I held an Inquiry	and the same of th		this basis,	death in my	opinion	
resulted from: Natural causes	Accident Suicid	le Homicide	Undeterml	ned manner		
		CHIEF MEDICA	L EXAMINER			
ACTUAL ACTUAL	I. BR	ASSISTANT MEDICA	LEXAMINER	$\overline{\mathbf{x}}$		DATE SIGNED
SIGNATURE / // // SIGNATURE	M.D	•				
NAME (Type) Isidore Mih	alakis, M.D.	ASSOCIATE MEDICA	L EXAMINER		12	2-19-70
24A. BURIAL CREMATION. 24B. DATE	24C. NAME of CEMETERY	or CREMATORY 124	D, LOCATION	(City, town		
REMOVAL (Specify)						
Burial 12-23-70	Mt. Auburn (emetery	Balt	imore,	ма	ryland
25A. DATE REC'D BY HEALTH DEPT. 258 N	ME OF REGISTRAR	25C. FUNERAL DIREC			DRESS	
DECOR SOM SAME	0 1160. 207 10 x	MORTON & DY	FTT F H	1701	Dura	ne Stroot
	Carrier a port	MONTON G. DI	part 1 all	. 1/01	Laure	ens Street
VS 151-REV. 7/1/68	a second	0 0 1 1)	. 1701	Laure	ins street



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased attendance on the death. Such This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to written approval must be obtained before the remains are embalmed or final disposition is made. was in regular was D.O.A. at a hospital (except where the physician who pronounced death

11	W-425 70 12	ARS BALTIMORE CITY	HEALTH DEPARTMENT		70. 3.9405	
BI	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO	70 12465	
1.	NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH		
	WILSON, Ernest		Decemi	ner 21, 1970	1 2:00 4	
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PE	RONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceosed lived. Il ins	2:00 A M	
E	Veterans Administration Hospital		Maryland		2000	
IIV H			C. CITY OR TOWN	D. INSIE	DE CITY LIMITS?	
			E. STREET AND NUMBER			
P						
5		· · · · · · · · · · · · · · · · · · ·		60 N. Gorman Ave		
13.	MAK	RIED NEVER MARRIED		9. AGE (In years last birthday)	Months Doys Hours Min.	
10	Mala Negro WIDO A. USUAL OCCUPATION (Give kind of work 108, KIN	WED DIVORCED	3-2-32	38		
do	ne during most of warking life, even if refired	ID OF BUSINESS OR INDUSTRY	11. BIRYHFLACE (Stota or forei	gn country)	12. CITIZEN OF WHAT COUNTRY	
L	Chauffer		South Carolina	, Maysville	U.S.A	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE		
	Fennie Wilson		Christine Char	rles		
15. (Ye	Was Deceased Ever in U. S. Armed Forces? es,no ar unknawn) (If yes, give war ar dates of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT	Records	ADDRESS	
	Yes 1-17-52 to 2-19-6		WALL 2000 Took		Dolla Ma 0101	
	18.	CAUSE OF DEATH	VAN, 3900 LOCH	vaveu prod.	, Balto., Md. 2121	
	LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the distinity or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, ginse to the above cause (A) stating UNDERLYING CONDITION last.	(8) Carcino	SE Cardio respondence of: Oma of esophagus A CONSEQUENCE OF: Operative course		9 weeks	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
ERTIFIC	19A DATE OF OPERATION 19B CONDITION F WAS PERFORMED Carcinoms	a of esophagus	20A. AUTOPSY? (Yes or No)	208 IF YES WERE FIN CERTIFYING CAUSE	NDINGS CONSIDERED	
CALC	121 A ACCIDENT WAS HARDEN VINO 13				City, give exoct location)	
	(APPROXI			IRY OCCUR?		
EDI		While At Work				
100		Work L At Work		P10		

7258, NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. MORTON & DYETT ADDRESS 1701 Laurens F.H.

The second of th

VS 151-REV. 1/1/68

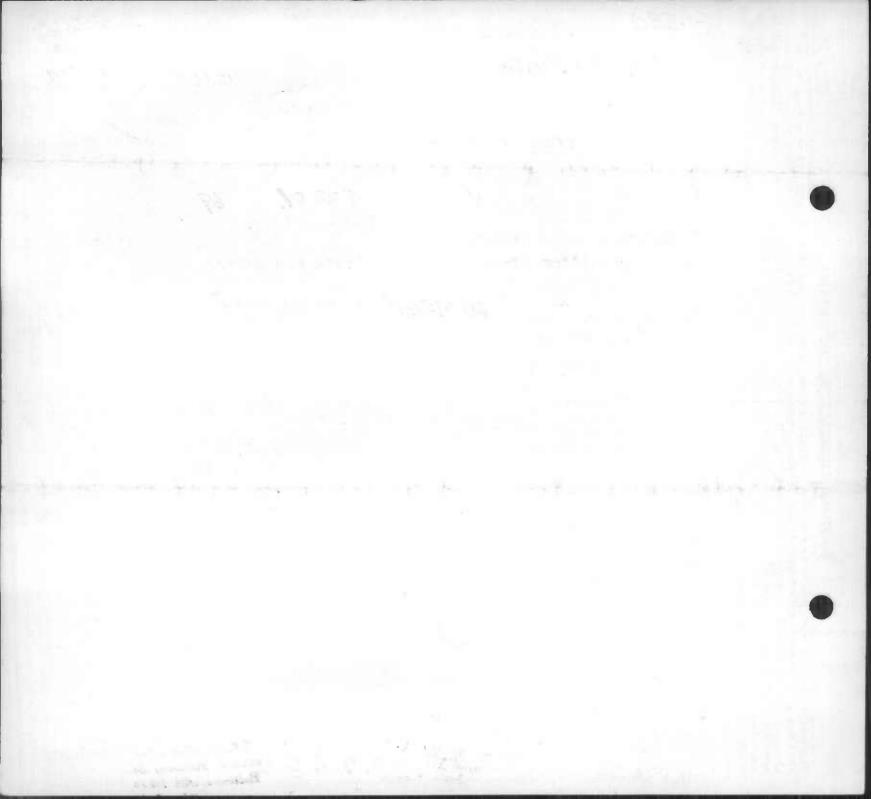
- 1 TE many transfer of the last transfer of the last transfer to THE RESERVE AND A STREET the feet and the second of the

BALTIMORE CITY HEALTH DEPARTMENT 12467 REG. NO. CERTIFICATE OF DEATH Such death Deceased hospital and I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) ПО death. of 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) attendance (5) cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) CITY OR TOWN canse; 10 D. INSIDE CITY LIMITS? 0 YES L NO prior contributing MANOR MURILIPS HOME occurred etermined made. regular 5. SEX 6. RACE 8. DATE OF 9. AGE (In years 7. MARRIED NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. deceased lost birthdov Hours WIDOWED DIVORCED IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHYLA CE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? death disposition = done during most of working life, even if retired) 10 nd 0 O. Was 5 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME direct (4) assistant eath LO kind; 15. Was Deceased Ever In U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS final (Yes, na or unknawn) (If yes, give wor or dotes af service) SECURITY NO. attendance 0 -5000 any 70 18 CAUSE OF DEATH OL APPROXIMATE INTERVAL unce BETWEEN ONSET AND DEATH Also, DISEASE OR CONDITION DIRECTLY Imed of LEADING TO DEATH (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: prono fracture (This does not mean the mode of dying, e.g., bal heart failure, asthenia, etc. It means the disease, examiner. gular injuly of complication which caused death.) em ANTECEDENT CAUSES who 10 are 4 DUE TO. OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, il ony, sise to the above cause (A) stating the (3) 2 physician UNDERLYING CONDITION Jost mains chief medical SD burns; 3 IFICATION. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING rei physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Body the 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED 8 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? by 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF the (7) 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? where (If In Boltimore City, give exact location) to the hospital °N MEDICAL bei DEATH (notify medical examiner) etc.) any nature; (except w ; and (6) h 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY approved While At Not While (APPROX.) Work At Wark 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost saw the deceased alive an 12 21 0 and that ir(my) (aur) opinion death occurred an the date 90 death) P hospital the body was released and haur and from the causes stated above. (1) (We) (did) (did nat) view the body ofter death. must An accident 23A. SIGNATURE 238. DATE SIGNED Attending [Med. Staff 0 approval Phys. Dipector Phys. 8 23C PHYSICIANS prior 23 D. ADDRESS t D D.O.A. shows: (1) 24A. BURIAL CREMATION, 1248. DATE CEMETERY OF CREMATORY eceased 24C. NAME OI 24D. LOCATION (Stotel town, for county) REMOVAL (Specify) Written SD M 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR FUNERAL DIRECTOR ADDRESS 73 VS 150-REV.

2500 W. Belvedere Ave, concord. 8/25/20 date of admito, Pleasant Manor

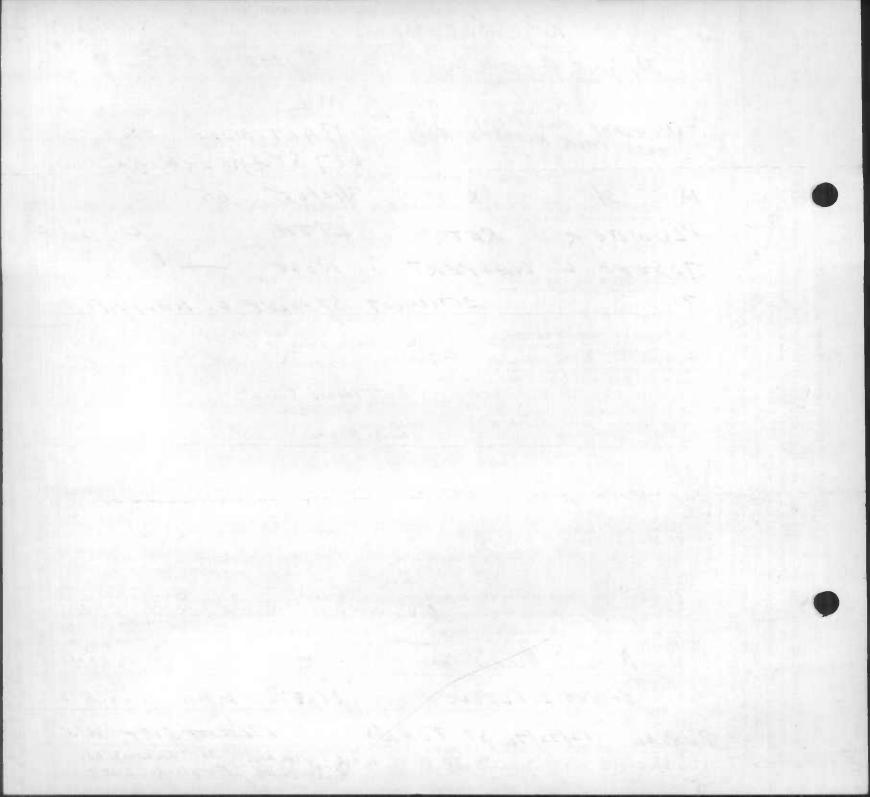
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11	(>	BALTIMORE CITY	HEALTH DEPARTMENT			
	5-550 70		TE OF DEATH REG. NO.	10 within		
11.	IRTH NO. 70	12 468 CERTIFICA		70.12468		
	Type or Print CUELYN M.S.	MITH	2. DATE AND HOUR OF DEAT			
3	PLACE IN BALTIMORE, MARYLAND, V		4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission)		
1	TULL NAME OF (IF NOT IN HOSPIT HOSPITAL OR ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET	MARYLAND 170,	5300		
ll i	NSTITUTION ADDRESS OF LOC	Allon)		NSIDE CITY LIMITS?		
7	MONTEBELLO STA	ITE HOSPITAL	E. STREET AND NUMBER	YES NO		
K			22 C Fenway			
5.	SEX 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.		
	F W	WIDOWED DIVORCED	522-0 last birthdgy	Months Doys Hours Min.		
10	A. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	TOB KIND OF BUSINESS OR INDUSTRY	The state of the s	12. CITIZEN OF WHAT COUNTRY		
	aitress	Restaurant	Uni 97 A BTI ASE	1154		
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0007		
	Charles William		Elsie May Barnes			
1.5 (Y	Was Deceased Ever in U. S. Anned Fores, no or unknown! (If yes, give wor or dole	es of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS		
	No.	219-075761	RAYMOND STONE	Same as pts.		
	18.	CAUSE OF DEATH	H	APPROXIMATE INTERVAL		
	DISEASE OR CONDITION DI		0 0	BETWEEN ONSET AND DEATH		
	(This does not mean the mode of	dving ag (A)IMMEDIATE CAU	A CONSEQUENCE OF:			
	heart failure, osthenia, etc. It means injury or camplication which coused	ine disease.	A CONSEQUENCE OF:			
	ANTECEDENT CAUSES	Jane	of Careen for			
	DISEASES OR CONDITIONS, II	ony, giving DUE TO, OR AS	A CONSEQUENCE OF:	my /		
	rise to the obave cause (A) UNDERLYING CONDITION lost.	stoling the	in Eso hems	14ear		
		1-7				
NO.	OTHER SIGNIFICANT CONDITIONS CO. TO THE DEATH BUT NOT RELATED TO THE	NTRIBUTING				
CERTIFICATIO	DISEASE OR CONDITION GIVEN IN PAR	RT 1 (A).	(20A. AUTOPSY? (Yes of No) 20B, IF YES, WEB	***************************************		
II E	Tracker from WAS PER	GUSPINAS Sheden		E FINDINGS CONSIDERED AUSES OF DEATH?		
	OR CONTRIBUTING IT CALLET OF	218 PLACE OF INJURY (e.g., in	or about 21C. WHERE DID (If In Boltim	ore City, give exoct location)		
CAL	DEATH (notify medical examiner)	home, farm, loctory, street, off	ice bidg., INJURY OCCUR?			
ED	21 D. TIME (Month) (Doy) (Year) OF INJURY	(Hour 21 & INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
1	(APPROX.) PARAMER	While At Work Not While				
	22. I certify that (1) (this haspital			2-19-70 19		
	that (1) (we) lost sow the deceosed alive on 12-19-70 19 and that in (my) (our) opinion death occurred on the date					
	and hour and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death.					
11	23A. SIGNATURE			23R DATE SIGNED		
	Attehuand	After Phys.	ding Med. Staff Phys.	12-19-70		
	23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS			
	CHRISTINA A-FEL	LUANO DEGREE	MONTEBELLOS TATE	HOSPITAU		
24	A. BURIAL CREMATION, 248, DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CREA		City, town, or county! (Stote)		
25	Burial 12/23/		letery New Tongson	. Haruland		
25	A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR 8000 & Boltin	dan, The ADDRESS		
I VS	150-KV: 71/88	D C ALLOWAY	Balue M	more St.		



FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEA of death Deceased Such and 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) no hospital 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE IN BALTIMORE MARYCAND, WHERE PRONOUNCED DEAD eath ance (4) Undetermined cause; (5) cause FULL NAME OF (IF NOT)N HOSPITAL OR INSTITUTION, GIVE STREET ō HOSPITAL OR CITY OF TOWN D INSIDE CITY IMITS attend 0 NO prior or contributing occurred regular disposition is mad 5. SEX R. DATE 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 6. RACE NEVER MARRIED MARRIED deceased Hours WIDOWED 10A USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death done during most of working life, even if retired 2 Was 14. MOTHER'S MAIDEN NAME the 13. FATHER'S NAME the direct assistant death UO kind; 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL ADDRESS gular attendance o embalmed or final SECURITY NO. any CAUSE OF DEATH APPROXIMATE INTERVAL pronounced 18. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Also, of arcinimo o LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dving, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. Il means the disease, xaminer. injury or complication which coused death.) who ANTECEDENT CAUSES re 4 obtained before the remains are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving (3) rise to the obove couse (A) stoling the 0 physician UNDERLYING CONDITION lost. the chief medical eath); and (6) No physician was medical burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Body 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED (except where the 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? to the hospital by (2) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE D)D home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (II in Boltimore City, give exoct location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examined) any nature; be approved by 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this haspital) ottended the deceased fram. 6 moss. 19 20 ta 19 70 Die, 19 that (1) (we) lost saw the deceased alive on,and that in (my) (our) apinian death accurred on the date be of hospital and hour and fram the causes stated obove. (1) (We) (did) (did nat) view the bady after death. must accident was release 238. DATE SIGNED 23A. SIGNATURE This certificate must 0 Attending Med. Staff 10 Director L Phys Phys approval 0 23D. ADDRESS prior 23C. PHYSICIAN'S 40 NAME (Type) An A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY deceased the body was D.O. REMOVAL (Specify) written shows: DATE RECO BY HEALTH DEPT 258. WAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/6B



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n a hospital and cause of death use; (5) Deceased tendance on the to death. Such	BIII (Ty
ath occurred in contributing determined ca in regular at leceased prior is made.	5. 10/ doi
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sistan the d kind; deatl nce or inal d	15. (Ye
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	MEDICAL CERTIFICATION
This certif the body shows: (1) was D.O.A deceased written ap	24/

BIR	1-314 TH NO.	70 2	2470	BALTIMORE CITY CERTIFICA			REG. NO	'70	12470	
	AME OF DECEA		LD, E	STHER A			BER 21,		10:204	
3.	PLACE IN BALTIA	ORE MARYLAND,	WHERE PR	ONOUNCED DEAD	4. USUAL RESID	ENCE (When	e deceased lived. If	institution:	rosidence before admission)	
HC	LL NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR IN	NSTITUTION, GIVE STREET	MARYLAND BALT I MORE C. CITY OR TOWN BALT I MORE YES NO [X]					
	40	ST . AGNE	SHOS	SPITAL	E. STREET AND	NUMBER	I CK RD	2122		
	FEMALE	WHITE	WIDO		05/04/	94	9. AGE (In years last birthday)	If Undo Months	Doys Hours Min.	
done	a during most of wor	king life, even if relired)	IOB, KIN	D OF BUSINESS OR INDUSTRY	MARYLA		gn countryl		.S.A.	
13.	FATHER'S NAME				14. MOTHER'S M	AIDEN NAM	AE			
	CLOUTES				S.EMMA	(PIER	PONT) RHOD	DES		
15. \ (Yes	Was Deceased Ev., na or unknown) (If	er in U. S. Armed Fo yes, give war or dat	rces? es of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS	
1	NONE	-			ST. AG	NES HO	SPITAL RE	CORD	S	
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ERTIFIC	19A. DATE OF OF	ERATION 198. CON WAS PER	IDITION F	OR WHICH OPERATION	NON		20B. IF YES, WERE IN CERTIFYING CA	FINDINGS AUSES OF	CONSIDERED DEATH?	
CALC	21 A. ACCIDENT OR CONTRIBUTION DEATH (notify me	WAS UNDERLYING [IG CAUSE OF dical examine)		21B PLACE OF INJURY (e.g., in home, form, fociory, street, of elc.)	or obout 21 C. WH	ERE DID OCCUR?	(If In Bollimo	ore Cily, giv	e exoct locotion)	
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			ted abay	e. (1) (We) (did) (did nat) vi	oding Me	d. LTIMO	Shaff KX Phys. KX	23B DAT /2 229	VILLYENG AVES	
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	ITY HEALTH DEPARTMENT 70 12471
BIRTH NO. 10-2/688	ATE OF DEATH REG. NO.
I. NAME OF DECEASED (Type of Print) Enic Mosette	2. OATE AND HOUR OF DEATH 12/20/70 350 AM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND BALTIMORE C. CITY OR TOWN D. INSIDE CITY LIMITS?
JOHNS HOPKINS HOSPITAL	BALTIMORE YES Y NO
	603 KINGSTON ROAD
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lift Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 12-08-70
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLA CE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
um que com com que	Marylard
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
BENJAMIN MOSETTI	GLORIA SWEETING
TS. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	17. INFORMANT ADDRESS
118. CAUSE OF DE	ATH APPROXIMATE INTERVAL
LEADING TO DEATH (This does not mean the mode of dying, e.g., heal foilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoting the UNDERLYING CONDITION lost. (A) IMMEDIATE (C) DUE TO, OR (B) DUE TO, OR	AUSE Trum Cus arterio sus. AS A CONSEQUENCE OF: AS DONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
9 19A, DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINOINGS CONSIDERED IN CERTIFYING CAUSES OF GEATH?
19A. DATE OF OPERATION 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 1	g., in or about 21C. WHERE DID (II in Boltimore City, give exact location)
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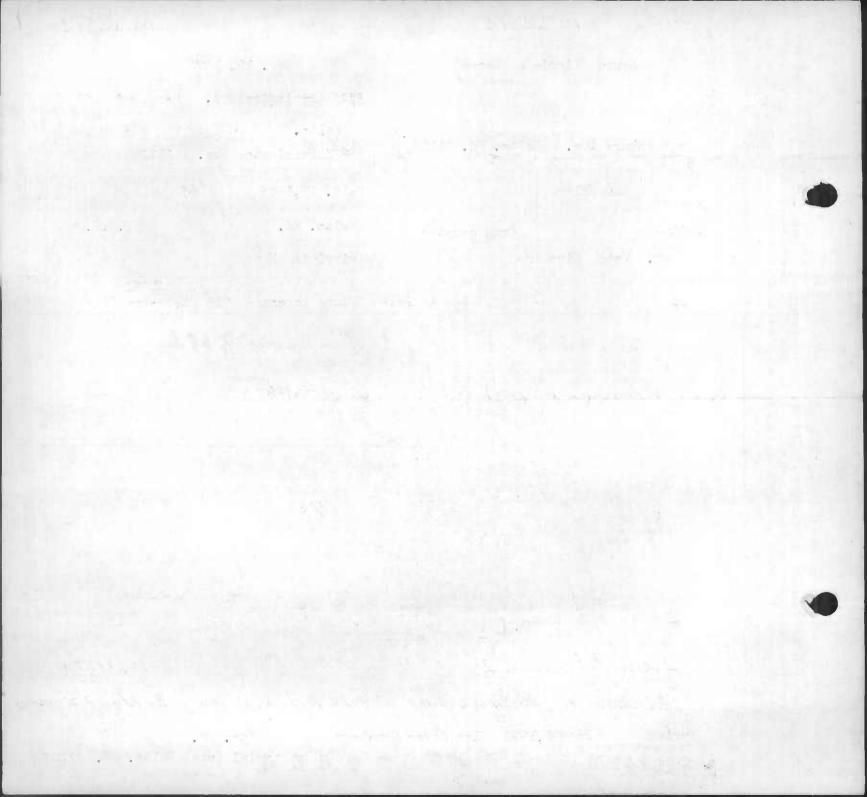
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BIR	TH NO.						
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3.	PLACE IN BAL	TIMORE MARYLAND,			4. USUAL RESIDENCE (Whel	le' deceased lived. If	institution, residence before
	LL NAME OF DSPITAL OR STITUTION			TUTION, GIVE STREET	A, STATE B, COUNTY B, COUNTY Balte.	並其模葉英葉 Ma	ryland desired timits? YES NO NO
0	5 Wash	iburn Ave.	Balte.	Md. 21225	E. STREET AND NUMBER 3824 Penningt	on Ave. 2	1 225
5.	F	6. RACE	7. MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH Sept. 27,1905	9. AGE (In years lost birthday) 65	If Under 1 Yr. If Und Months Days Hours
dor		working life, even if retired	1)	counter	Balte. Md.	gn country)	12. CITIZEN OF WHAT
13.	FATHER'S NAM	John Kirch			Virginia Haa		
15. (Ye	s, no or unknown	Ever in U. S. Armed F	Forces? otes of service)	16. SOCIAL SECURITY NO. 212 05 5332	17. INFORMANT Laura Coropra	n 715 Stev	21 20% ADDRESS
	no	1 1		CAUSE OF DEAT			APPROXIMATE BETWEEN ONSET
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	e or Print)	EISENZO	DE MA	RIF		EMBER 20,	
3. 1	LACE IN BALT	MORE MARYLAND,			4. USUAL RESIDENCE (W. A. STATE B. CO.	here deceased lived If	institution: residence before admission
FU HO	LL NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU	UTION, GIVE STREET	MARYLAND C. CITY OR TOWN	CITY	21229 2 0-4/
4	40	ST. AGN	NES HOS	PITAL	BALTIMORE E. STREET AND NUMBER 74 NORTH CU		YES NO
5. S	EX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.
	EMALE	WHITE	WIDOWED	DIVORCED	12 19 09	last birthdayl 61	Manths Doys Hours Min.
done	USUAL OCCU	PATION (Give kind of working life, even if refired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
(LERK T	YPIST	LIFE	INS.	MARYLAND		U.S.A.
	ATHER'S NAM				14. MOTHER'S MAIDEN N		
		EISENZOPF			MINNIE (REIC	H)	
15, \ (Yes	Vas Deceosed ,no or unknown)	Ever in U. S. Armed Fo (11 yes, give war ar do)	rces? es ol service)	16. SOCIAL SECURITY NO. 213033700	ST. AGNES HO	S. BALTO.	MD. ADDRESS 21229
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G. Truman Schwab 3512 Frederick Ave.

VS 150-REV. 1/1/68

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Isidore Mihalakis, M.D. 12-17-70 NAME (Type) 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Pocomoke City, lar land Buria 2-20-1970 25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C FUNERAL DIRECTOR ADDRESS ocomoke City Haryland

3/1/71 - Letter from M.E.O.

Spe.

IMPORTANT **DIRECTOR:** FUNERAL

the chief medical examiner

xaminer.

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medical

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to the hospital

approved

certificate must

VS 150-REV. 1/1/6B

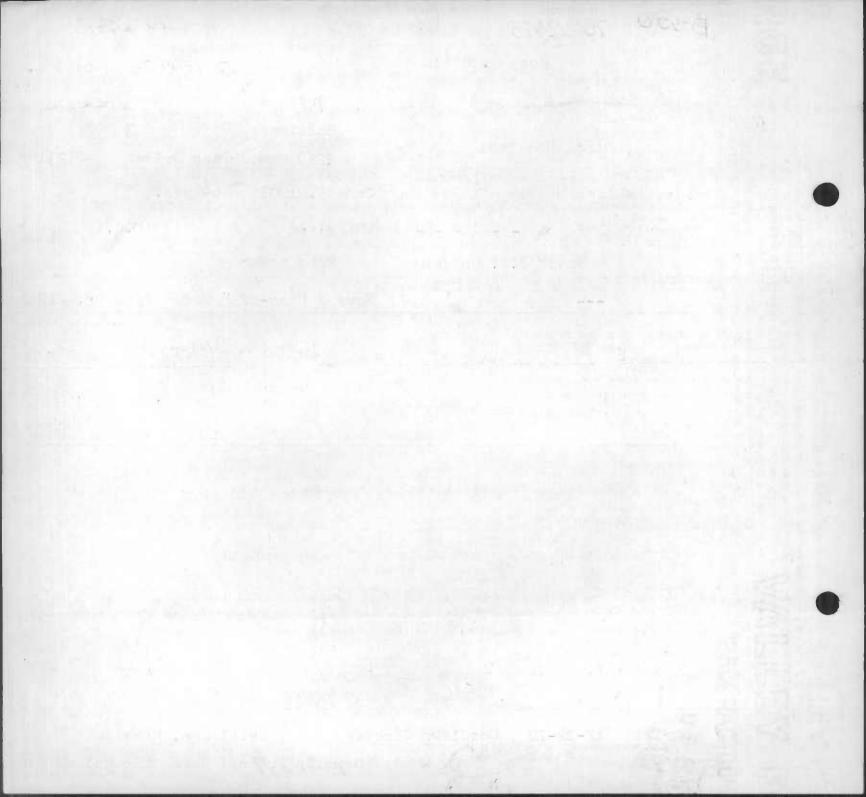
hospital and of death

cause

contributing

occurred

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 76 12675 70 12475 CERTIFICATE OF DEATH och (4) Undetermined cause; (5) Deceased I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Rosa G. Bolan UO 6:00 A.M. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 40 ce Maryland UD FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) ō C. CITY OR TOWN D. INSIDE CITY LIM attend 0 Baltimore YES X NO prior E. STREET AND NUMBER Sinai Hospital 2258 Druid Park Drive regular mad If Under 24 Hrs. S. SEX 8. DATE OF BIRTH 9. AGE (In years Il Under 1 Yr. 6. RACE 7. MARRIED NEVER MARRIED eceased June White Female WIDOWED X DIVORCED 10A USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) U.S.A Housewife Maryland Ö SID 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME the 3 David J.A. Gulden Mary Baker eath O kind; 17. INFORMANT 15. Was Deceased Ever in U. S. Armed Forces? ADDRESS ō fina (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. nce Howard Hose-2258 Druid Park Dr. No any CAUSE OF DEATH APPROXIMATE INTERVAL attenda ounced 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE cture pro heart failure, osthenio, etc. It means the disease, olar injury or complication which coused death.) frac ANTECEDENT CAUSES who 5 DUE TO, OR AS A CONSEQUENCE OF re are 4 DISEASES OR CONDITIONS, if ony, giving (3) to the above couse (A) stoting the physician UNDERLYING CONDITION lost. the remains Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) Body 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION the WAS PERFORMED by before (2) ū 21A. ACCIDENT WAS UNDERLYING 218, PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exoct location) where OR CONTRIBUTING CAUSE OF °N DEATH (notify medical examiner) nature; MEDIC obtained (Month) (Doy) (Year) (Hourl 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While (except While At (APPROX.) and Work At Work any 22. I certify that (1) (this haspital) attended the deceased from 19 and that in (my) (aur) opinion death accurred on the date that (1) (we) last sow the deceased alive on be death) ospita and haur and fram the causes stated abave, (1) (We) (did) (did not) view the body after death. must accident 238, DATE SIGNED 23A. SIGNATURE Attending Med 2 0 Director __ approval 0 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS prior Was 40 Y 24A- BURIAL CREMATION, 24B. DATE REMOVAL (Specify) deceased the body D.0. shows: 12-34-70 Woodlawn Cemetery Baltimore, Maryland Was 2SC. FUNERAL DIRECTOR ADDRESS Donovan Funeral Home 3818 Roland Ave



	1/101/ 3: 104	BALTIMORE CITY HEALTH DEPARTMENT	
BI	1-639 NAQMI	CERTIFICATE OF DEATH	
	NAME OF DECEASED When or Print) Ruth A HAG	BTLOVE 2. DATE AND HOUR OF DEATH 12-19-70 6 65 P.	м.
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admiss B. COUNTY	sion)
F	ULL NAME OF OSPITAL OR IN ADDRESS OR LOCATION	NSTITUTION, GIVE STREET DE CITY OR TOWN D. INSIDE CITY LIMITS?	
	Rotton Hill Rog. Tim	Balt. YES NO	
4	1400 Johnst Bath	Md. 21217 3365 Chestnut ave. 21211	
5.	Female White 7. MARR WIDOV	WED DIVORCED 11-9-06 1000 64	In.
	A. USUAL OCCUPATION (Give kind of work 108, KINI and during most of working life, even if retired)	10 OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTY 12. CITIZEN OF WHAT COUNTY 13. S.A.	NTRY?
1;	PATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1.6	William John	Stewart Nelle Irene Arbaugh	+
(Y	es, no or unknown) (If yes, give wor ar dates of servi	214-20-3824 Codemin Recol-Botton	His
-	1B.	CAUSE OF DEATH APPROXIMATE INTERV BETWEEN ONSET AND DI	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)IMMEDIATE CAUSE	
	(This does not mean the mode of dying, heart failure, asthenio, etc. It means the dise injury or complication which coused death.)	e.g., DUE TO, OR AS A CONSEQUENCE OF:	
	ANTECEDENT CAUSES	(B) A-S C. V.D. Hereal cyl	1
	DISEASES OR CONDITIONS, if ony, girise to the above cause (A) stoting	jiving DUE TO OR AS A CONSEQUENCE OF	
	UNDERLYING CONDITION Iosi.	(c) golagues (cleaning)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN		
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111	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	While At Not While	
	22. 1 certify that (1) (this haspital) attend	ded the deceased from 15 1970 to Dec 19 1976	0.,
	that (1) (we) last sow the deceased alive	Ma 17/70	dote
	and hour and fram the causes stated obav	ve. (1) (We) (did) (did nat) view the body after death.	-
	E Elleworth C	Attending Med. Stoff 12- 20 70	5
	23C. PHYSICIAN'S NAME (Type)	6 40 2431 Manufand Ave	
2		44C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county) (State	ite)
	Surial 23 Dec 70	Woodlawn Cem. Baltimore, Md.	
2	OF C. 2 A 1030 P. C. C. C.	AMENDE REGISTRAR 2 25C. FUNERAL DIRECTOR TUNERAL TOMP SOLD	M
V	S 150-REV. 1/1/68	Data Longo	1

Visit State of the Control of the Co 21 Low or Deline Survey Continued fright shift Letter to C. E. A. 2731 daybert for

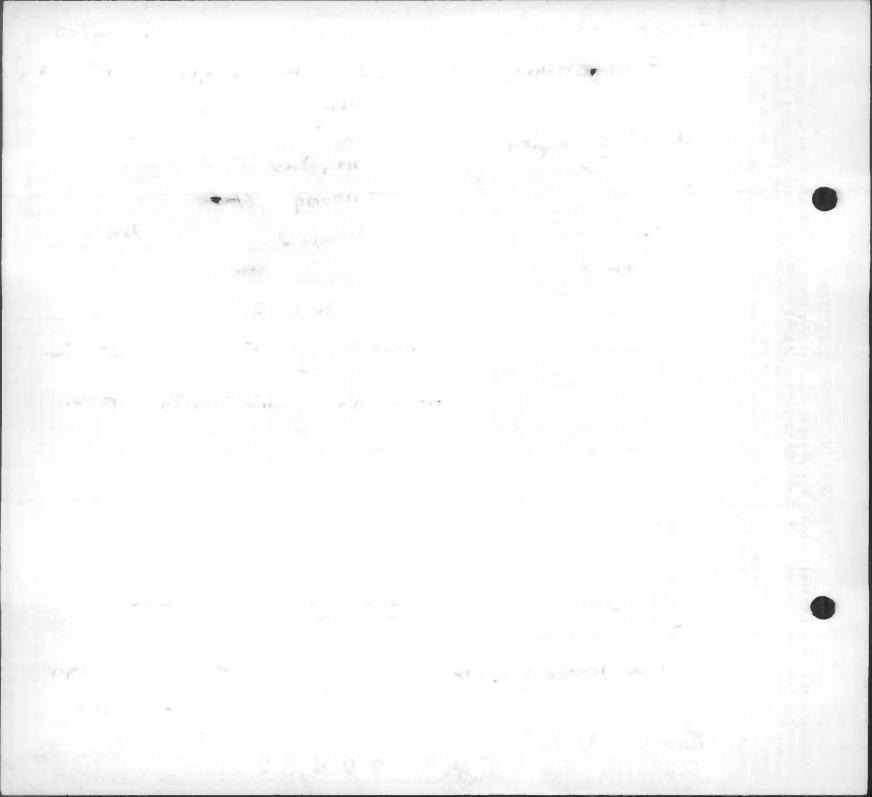
FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT REG NO CERTIFICATE OF DEATH the Such hospital and use of death Deceased I NAME OF DECEASED 2. DAJE AND HOUR OF DEATH (Type or Print) uo death. 4. USUAL RESIDENCE (Where deceased 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD ance (2) cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION C CITY OR TOWN D INSIDE CITY LIMITS? cause; attend 40 O YES IX NO 2 prior E STREET AND NUMBER contributing occurred etermined regular is mad S. SEX 6 DACE B. DATE OF BIRTH 9. AGE (In vents If Under 1 Yr. It Under 24 Hrs. 7. MARRIED NEVER MARRIED deceased last birthday Months Dovs Hours WIDOWED DIVORCED IOA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death disposition done during most at working lile, even if retired) 2 D (4) Uni Was 13. FATHER'S NAME 14. MOTHER'S 4) MAIDEN NAME th direc assistant eath uo 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMAN ADDRESS kind or final (Yes, na or unknown) (It yes, give wor ar dotes of service) SECURITY ance ŏ ome any APPROXIMATE INTERVAL pronounced attend SETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Also, med o LEADING TO DEATH fracture (This does not meen the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF embal heart failure, asthenia, etc. Il means the disease, examiner xaminer. gulai injury or complication which caused death.) ANTECEDENT CAUSES who re are 4 DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (3) 5 physician UNDERLYING CONDITION last. remains (C)_. chief medical burns; Was medical ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) before the Body 20 A. AUTOPSY? (Yes or Na) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED the ERTIFI O WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? by the Ü 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (2) (If in Baltimore City, give exact location) where OR CONTRIBUTING CAUSE OF to the hospital ON. DEATH (notily medical examiner) any nature; approved by MEDIC obtained 21 D. TIME (Month) (Dov) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not While While At (APPROX.) Work At Work and 22. I certify that (1) (this haspital) attended the deceased from 2 1970 that (1) (we) last saw the deceased alive an 9 December and that in (my) (pur) apinion death accurred on the date pe of death) hospital and haur and from the causes stated above. (1) (We) (did) (did hat) view the body after death. must accident 23A. SIGNATUR 23B. DATE SIGNED Attending X Med. was rele Q Phys. Director L approval GEGREE O 23C. PHYSICIAN'S 23D. ADDRESS prior certificate a An 15 arnab Z 24A. BURIAL CREMATION, 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION deceased the body o EMOVAL (Specify) written shows: ٥ Was REC'D BY HEALTH DEPT. 258. NAME NERAL DIRECTOR

In Wesley since 12/22/55

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	BALTIMORE CIT	Y HEALTH DEPARTMENT	
A-252 70 12471	CERTIFICA	TE OF DEATH REG. N	10. 70 12478
BIRTH NO.	OLICITI 107		
(Type or Print)		2. DATE AND HOUR OF I	1,30
3. PLACE IN BALTIMORE, MARYLAND, WHERE P.	S. FRANC		1900 4 M.
TOTAL IN BALLINORS MARILAND, WHERE P	KONO UNCED DEAD	4. USUAL RESIDENCE (Where deceased in	ed. It institution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR I	INSTITUTION, GIVE STREET	ma.	2102
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE CITY LIMITS?
30 Umwerson Dapita	0	Bullo	YES NO
To the political proping		E. STREET AND NUMBER	
0		1149 Word Street	- 21230
5. SEX 6. RACE 7. MAI	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In year	
-	WED DIVORCED	09/06/09 GI Digithdoy	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KID	LO OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Sime or loreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	aint Co.	0.0	USB
13. FATHER'S NAME	ain ou	1 and	0313
TAINER 3 HAME	001	14. MOTHER'S MAIDEN NAME	
Kelliom C	- lautor	Guna Com	in mart
15. Wes Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or doles of ser	SECURITY NO.	ER Sheep	
18.	CALLET OF DEAT		
7/937	CAUSE OF DEAT	н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cardion	Arranan arrest	20 mi
(This does not meon the mode of dying,	(A) IMMEDIATE CA		20 mmo.
heart foilure, osthenio, etc. It means the dis	eose, DUE TO, OR AS	A CONSEQUENCE OF:	
injury or complication which coused death.)	00	1:.	
ANTECEDENT CAUSES	(8) Hense	menta impraration into	diph 10 Mo.
DISEASES OR CONDITIONS, If any,	iving DUE TO, OR AS	A CONSEQUENCE OF:	
rise to the obove couse (A) stoling UNDERLYING CONDITION jost.	(C)	0	
	(0)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING		
TO THE DEATH BUT NOT RELATED TO THE TERM	NAL		
O THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES.	WERE FINDINGS CONSIDERED
WAS PERFORMED		20A. AUTOPSY? (Yes or No.) 20B. IF YES, IN CERTIFYIN	G CAUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID Iff In F	Soltimore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, foctory, street, o	ffice bldg. INJURY OCCUR?	and fine successions
U			
OF INJURY (Month) (Doy) (Yeor) (Hour	21 E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Work Not While At Work		
22. I certify that (1) (this haspital) attend	ded the deceased from ?	Describes 1900 to	D-mg 19
that (i) (we) lost saw the deceased alive			
			or) apinion deoth occurred on the dote
and have and from the causes stated about 23A. SIGNATURE	ve. (I) (We) (did) (did not)	riew the body after death.	
-	Au.	ending Med. Staff	23 B. DATE SIGNED
Mark M. Doolys	DEGREE Phy	Med. Staff Phys.	55 Demonda HUD
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
		Vouserate or Man	o Q Danto
24A. BURIAL CREMATION, 24B. DATE 2.	OEGREE	EMATON RAP. EQUATION 2	(City, lown, or county) (Slote)
REMOVAL (Specify)	90 41	7) is the state of country
Durul 12 19170	Alle Storin	Ulm.	eakword hed.
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS 901
DECKA BIU WARE	Reliev M. J.	4 John J. Cowen 9	For Noce Noching SI
VS 150-REV. 1/1/68		// //	72 71



	AME OF DEC						HOUR OF DE	ATH		_
		HARRY	D.	BECKER		Decem		, 1970	11	:3
3. P	PLACE IN BAL	TIMORE, MARYLAND, W	VHERE PROM	OUN CED DEAD	A. STATE	B. COUNT	deceased lived.	If institution:	residence before	odi
FUL	LL NAME OF	(IF NOT IN HOSPIT	AL OR INS	TITUTION, GIVE STREET	Mary1		Howar	d	6	3
IN S	NOITUTIE				C. CITY OR TO			INSIDE CITY		
4	10	St. Agnes H	oenita	1	E. STREET AN	ott City		YES	No [X	_
		St. Agnes He Wilkens & Ca	aton A	venues	2911 N	lormandy	Drive	21043		
5. SI	EX	6. RACE		D NEVER MARRIED	8. DATE OF BI	RTH 9	AGE (In years	If Und	er 1 Ye If Un Doys Hours	der
	ſa le	White	WIDOW	DIVORCED	8-28-19	01	60	Monins	Doys	
done	USUAL OCCU	IPATION (Give kind of work vorking life, even if retired)	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLAC	CE (State or foreig	n country!	12. CIT	ZEN OF WHAT	CO
R	Retired				Mary1	and			U.S.A	1
13. F	ATHER'S NAM	AE				MAIDEN NAM	E	1	U D A	
			cker		M	ay Madd	en			
15. W (Yes,	Vas Deceased , no or unknown!	Ever in U. S. Armed For off yes, give wor or dote	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMAN	TT.			ADDRESS	2:
N				215-01-3358	Mr. H.	Allen Be	cker, 291	ll Norma	andy Dri	
	18.	7/31		CAUSE OF DEAT	Н				APPROXIMATE	INT
		E OR CONDITION DI	RECTLY		,		1			Alv
		LEADING TO DEATH		(A)IMMEDIATE CAL	es il On to	Tener la	714.3	0.0.	/ south	4
1	(This does no	of meon the mode of	dying, e.	DHE TO OP AS	A CONSEQUENCE		1,0000	***************************************	01900	
	hearl lailure,	asthenia, etc. It means plication which caused	the diseas	e,	N CONTRECTOR INC	J. 01.		armana		
1		buselle tillett canada								
		NITEGERALIT CANCEL		11 .			18	addere		
,		NTECEDENT CAUSES		(B) Act	erus so	leve	Cores a	rite &	ess e	-
	DISEASES O	R CONDITIONS, IF	any, givir	(B) Act	A CONSEQUEN	The state of the s	Carez a	uts d	ess. e	2
1	DISEASES O		any, givir	10	A CONSEQUEN	The state of the s	Corez O	uts &	ogi e	2
1	DISEASES O	R CONDITIONS, if	any, givir	(B) DUE 10, OR AS	A CONSEQUEN	The state of the s	Cour a	uts d	ess e	2:
1	DISEASES Orise to the UNDERLYING	R CONDITIONS, if obove cause (A) CONDITION last.	any, givir sloling II	(c)	A CONSEQUEN	The state of the s	Carez O	uts p	ess e	2
1	DISEASES O rise to the UNDERLYING OTHER SIGNIFI TO THE DEATH DISEASE OR CO	R CONDITIONS, If obove cause (A) CONDITION last. II CANT CONDITIONS COLOR TO THE CONDITIONS COLOR TO THE CONDITION OF THE CO	any, givir sloling It NTRIBUTING HE TERMINA T 1 (A).	(c)	A CONSEQUEN	The state of the s	Carez O	uts d	<u> </u>	2
1	DISEASES O rise to the UNDERLYING OTHER SIGNIFI TO THE DEATH DISEASE OR CO	R CONDITIONS, if obove cause (A) CONDITION last. Il CANT CONDITIONS COIL BUT NOT RELATED TO THE	any, givir stoling It	(c)		ICE OF:	20B. IF YES. WE	ERE FINDINGS CAUSES OF	CONSIDERED DEATH?	2:
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CERTIFICATION	DISEASES OF THE UNDERLYING OTHER SIGNIFITO THE DEATH DISEASE OR CO. 19A. DATE OF CONTRIBU	R CONDITIONS, if obove cause (A) CONDITION last. II CANT CONDITIONS COI BUT NOT RELATED TO THE NOTITION GIVEN IN PART OPERATION 198. CON WAS PERFORMED TO WAS UNDERLYING CAUSE OF	any, giving the stoling the stoling the stoling the stolength of the stole	C)	20A. AUTOP	ICE OF:	208, IF YES, WE IN CERTIFYING	CAUSES OF	CONSIDERED DEATH?	-
CAL CERTIFICATION	DISEASES OF THE UNDERLYING OTHER SIGNIFITO THE DEATH DISEASE OR CO. 19A. DATE OF CONTRIBUTE OF CONTR	R CONDITIONS, if obove cause (A) CONDITION last. 11 CANT CONDITIONS COI BUT NOT RELATED TO THE NOTION OF CONDITION PAR WAS PERFORM WAS PERFORM WAS PERFORM OF CAUSE OF medical examined	any, giving stoling the stoling of the stolength of the s	CO	20A. AUTOP	CCE OF:	208. IF YES, WE IN CERTIFYING	CAUSES OF	DEATH?	7
MEDICAL CERTIFICATION	DISEASES O rise to the UNDERLYING OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF OR CONTRIBUTE DEATH (notify 21 D. TIME OF INJURY	R CONDITIONS, if obove cause (A) CONDITION last. II CANT CONDITIONS COI BUT NOT RELATED TO THE NOTITION GIVEN IN PART OPERATION 198. CON WAS PERFORMED TO WAS UNDERLYING CAUSE OF	any, giving stoling the stoling of the stoling of the stolength of the sto	CC)	n or obout 21 C. V	ICE OF:	208. IF YES, WE IN CERTIFYING	CAUSES OF	DEATH?	
MEDICAL CERTIFICATION	DISEASES OF THE UNDERLYING OTHER SIGNIFITO THE DEATH DISEASE OR CO. 19A. DATE OF CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OF THE UNITY (APPROXI	R CONDITIONS, if obove cause (A) CONDITION last. II CANT CONDITIONS COI I BUT NOT RELATED TO THE NOTION OF PARTION 198. CON WAS PERF T WAS UNDERLYING TING CAUSE OF medical examined (Monthi (Day) (Year)	any, giving stoling the stoling of the stoling of the stolength of the sto	CC)	n or obout 21 C. V	CCE OF:	208. IF YES, WE IN CERTIFYING	CAUSES OF	DEATH?	2:
MEDICAL CERTIFICATION	DISEASES OF THE UNDERLYING OTHER SIGNIFITO THE DEATH DISEASE OR CO. 19A. DATE OF CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OF THE UNITY (APPROXI	R CONDITIONS, if obove cause (A) CONDITION last. 11 CANT CONDITIONS COI BUT NOT RELATED TO THE NOTION OF CONDITION PAR WAS PERFORM WAS PERFORM WAS PERFORM OF CAUSE OF medical examined	any, giving stoling the stoling of the stoling of the stolength of the sto	CC)	n or obout 21 C. V	OCCUR?	208. IF YES, WI IN CERTIFYING (II In Bolf	CAUSES OF	DEATH?	
MEDICAL CERTIFICATION	DISEASES OF THE UNDERLYING OTHER SIGNIFITO THE DEATH DISEASE OF CO 19A-DATE OF 21A-ACCIDEN OR CONTRIBUTE DEATH (notify 21D-TIME OF INJURY (APPROX.) 22. I certify to	R CONDITIONS, if obove cause (A) CONDITION last. II CANT CONDITIONS COI I BUT NOT RELATED TO THE NOTION OF PARTION 198. CON WAS PERF T WAS UNDERLYING TING CAUSE OF medical examined (Monthi (Day) (Year)	any, giving stoling the stoling the stoling the stolength of the stolength	CC)	n or obout 21 C. V	PSY7 (Yes or No) WHERE DID RY OCCUR?	208, IP YES, WE IN CERTIFYING (II In Bolt) RY OCCUR?	CAUSES OF	DEATH?	9
MEDICAL CERTIFICATION	DISEASES O rise to the UNDERLYING OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF OR CONTRIBU- DEATH (notify 21 D. TIME OF INJURY (APPROXI	R CONDITIONS, if obove cause (A) CONDITION last. CONDITION last. CANT CONDITIONS COIL BUT NOT RELATED TO THE PROPERTY OF THE CONDITION GIVEN IN PARTY OPERATION 198. CONTING CAUSE OF MEDICAL C	any, giving stoling the stoling the stermina of the stermina of the stolength of the stolen	CC)	n or obout 21 C. v flice bldg., INJUR	SYT (Yes or No) WHERE DID RY OCCUR? HOW DID INJU	208. IF YES, WI IN CERTIFYING (II In Bolf	CAUSES OF	DEATH?	9
MEDICAL CERTIFICATION	DISEASES O rise to the UNDERLYING OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF OR CONTRIBU- DEATH (notify 21 D. TIME OF INJURY (APPROXI	R CONDITIONS, if obove cause (A) CONDITION last. CONDITION last. CANT CONDITIONS COLD BUT NOT RELATED TO THE NOT RELATED TO THE NOTION OF EACH OF TWAS UNDERLYING TWAS UNDERLYING CAUSE OF medical examined (Monthi (Doy) (Year of the Control of t	any, giving stoling the stoling the stermina of the stermina of the stolength of the stolen	C)	20A. AUTOP n or obout 21C. v flice bldg. INJUR 21F. H	SYT (Yes or No) WHERE DID RY OCCUR? HOW DID INJU	208, IP YES, WE IN CERTIFYING (II In Bolt) RY OCCUR?	CAUSES OF	DEATH?	9
MEDICAL CERTIFICATION	DISEASES OF THE UNDERLYING OTHER SIGNIFITO THE DEATH DISEASE OR CO. 19A. DATE OF CONTRIBUTE OF INJURY (APPROXICE) 19A. 19A. 19A. 19A. 19A. 19A. 19A. 19A.	R CONDITIONS, if obove cause (A) CONDITION last. CONDITION last. CANT CONDITIONS COLD BUT NOT RELATED TO THE NOT RELATED TO THE NOTION OF EACH OF TWAS UNDERLYING TWAS UNDERLYING CAUSE OF medical examined (Monthi (Doy) (Year of the Control of t	any, giving stoling the stoling the stermina of the stermina of the stolength of the stolen	CC)	20A. AUTOP n or obout 21C. v lice bldg., INJUR 21F. H	CCE OF: SYT (Yes or No) WHERE DID RY OCCUR? HOW DID INJU. 19 and that after death.	208. IF YES, WE IN CERTIFYING (II in Bolt RY OCCUR?	CAUSES OF	DEATH?	9
MEDICAL CERTIFICATION	DISEASES OF THE UNDERLYING OTHER SIGNIFITO THE DEATH DISEASE OR COLOR CONTRIBUTION OF CONTRIBU	R CONDITIONS, if obove cause (A) CONDITION last. II CANT CONDITIONS COI I BUT NOT RELATED TO THE NOTITION GIVEN IN PART TWAS UNDERLYING TING CAUSE OF medical examined (Monthi (Doy) (Year) that (I) (this happen) last saw the decease from the causes stat	any, giving stoling the stoling the stermina of the stermina of the stolength of the stolen	CC)	20A. AUTOP n or obout 21C. v lice bldg., INJUR 21F. H	CCE OF: SYT (Yes or No) WHERE DID RY OCCUR? HOW DID INJU. 19 and that after death.	208. IF YES, WE IN CERTIFYING (II In Bolt) RY OCCUR?	CAUSES OF imoro City, giv	DEATH?	9
MEDICAL CERTIFICATION	DISEASES OF THE UNDERLYING OTHER SIGNIFITO THE DEATH DISEASE OR CO. 19A. DATE OF CONTRIBUTE OF INJURY (APPROXICE) 19A. 19A. 19A. 19A. 19A. 19A. 19A. 19A.	R CONDITIONS, if obove cause (A) CONDITION last. Il CANT CONDITIONS COI BUT NOT RELATED TO THE NOTION OF PARTIES OF MAS UNDERLYING CAUSE OF medical examined (Month) (Doy) (Year that (1) (this benche) last saw the decease fram the causes states.	any, giving stoling the stoling the stermina of the stermina of the stolength of the stolen	CC)	20A. AUTOP n or obout 21C. v lice bldg., INJUR 21F. H c 19 70 riew the bady of	PSY7 (Yes or No) WHERE DID RY OCCUR? HOW DID INJU	208, IF YES, WE IN CERTIFYING (II In Bolt RY OCCUR?	apinian dea	DEATH? The exact location of the accurred of the signed o	9
MEDICAL CERTIFICATION	DISEASES ON TISE TO THE UNDERLYING OTHER SIGNIFITO THE DEATH DISEASE OR CO 19A-DATE OF 21A-ACCIDEN OR CONTRIBUTION THE OF INJURY (APPROX.) 22. I certify to the or of the or	R CONDITIONS, if obove cause (A) CONDITION last. II CANT CONDITIONS COID BUT NOT RELATED TO THE NOTION OF PARTY OF TWAS UNDERLYING CAUSE OF medical examined (Monthi (Doy) (Year that (I) (this bench	any, giving stolling the stolli	CC)	20A. AUTOP n or obout 21C. V flice bldg. INJUR 21F. H 19 20 iew the body of the body o	SYT (Yes or No) WHERE DID HOW DID INJU. 19 and that after death. Med. Si Pirector Si Pirector Si Pirector Si	208. IF YES, WE IN CERTIFYING (II In Bolt RY OCCUR? In (my) (see)	causes of imoro City, give apinion dea	DEATH? To exact location The accurred of the accurred of the accurred of the signed	9 - in th
MEDICAL CERTIFICATION	DISEASES OF THE SIGNIFITO THE DEATH OF THE D	R CONDITIONS, if obove cause (A) CONDITION last. II CANT CONDITIONS COI I BUT NOT RELATED TO THE NOTION OF PARTIES OF MAS UNDERLYING TING CAUSE OF Medical examined (Monthi (Doy) (Year) Charles and the decease from the campses statile (S) C1 iff Ra (ATION, 248, DATE obove)	any, giving stolling the stolling stoll	IB. PLACE OF INJURY (e.g., I ome, form, foctory, street, olic) IE. INJURY OCCURRED While At Work The deceased from	20A. AUTOP n or obout 21C. V lice bldg., INJUR 21F. H 21F. H 21F. H 22B. ADDRESS 4605 I	PSY7 (Yes or No) WHERE DID RY OCCUR? HOW DID INJU and that after death. Med. Director P	208. IF YES, WE IN CERTIFYING (II In Bolt RY OCCUR? In (my) (see)	causes of imoro City, give apinion dea 238, DA1 12/	or countyl	9

and the section of the section 6 - 25 Circle W. A. Control Co the same and plants and the same a profiles for an an analysis of the field and leading the president whether it is the

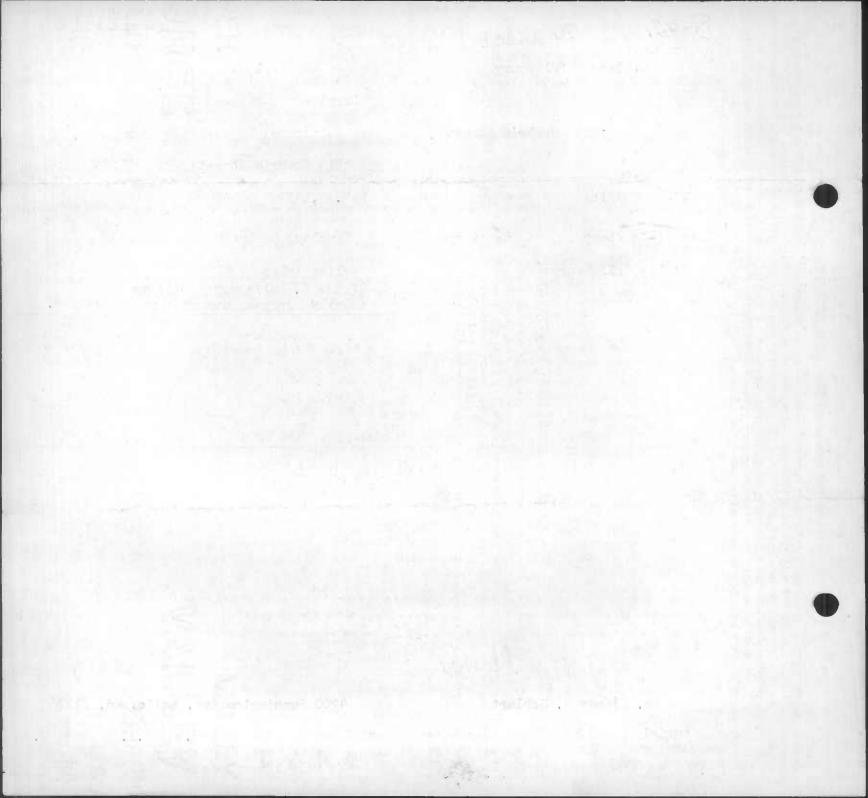
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	525 7	12480		BALTIMORE CITY	HEALTH DEPARTMENT		70	12480
BIR	TH NO.	U DECU		CERTIFICA	TE OF DEATH	REG. NO		2 0 2 0
1. N	AME OF DECEASED				2. DATE	AND HOUR OF DEAT	Н	
				JOHNSON, SR.	Dec	ember 20, 19	970	1
3.	PLACE IN BALTIMORE, MA	RYLAND, WHERE PR	ONO	UNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived. If	institution:	residence before odmission)
FU	LL NAME OF (IF NOT ADDRE	IN HOSPITAL OR IN	VSTITL	JTION. GIVE STREET	Maryland			1824
HC IN:	STITUTION ADDRE	SS OR LOCATION)		THE PINEL	C. CITY OR TOWN	D. IN	ISIDE CITY	LIMITS?
	A 1100 0	1 2			Baltimore		YES	NO
(ooks Lane ore, Maryla	nd		E. STREET AND NUMBER			
5. S								
	ale White		_	X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthdoy)	II Und Months	er 1 Yr. If Under 24 Hrs. Doys Hours Min.
	USUAL OCCUPATION (GIV	WIDO			9-1-1910	60		
don	e during most of working life, ev	en if refired)			II. BIRTHFLACE (Store of I	oreign country!	12. CIT	IZEN OF WHAT COUNTRY?
	Clerk	Gas	& E	lectric Co.	Maryland		1	U.S.A.
13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	AME		
	William	J. John	son		Sarah Be	11		
5. Yes	Was Deceased Ever in U. S. .no or unknown) (If yes, give	Armed Forces?	icel	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS 21229
No				215-05-9593	Mrs. Carolyn	M Tohnson	1100 /	
paramana	1B.			CAUSE OF DEATH	dis. Carolyn	ri. Johnson,	1109	APPROXIMATE INTERVAL
	DISEASE OR CONI LEADING T (This does not meen the heart failure, ostherio, etc injury or camplicotian wh ANTECEDEN DISEASES OR CONDITI rise to the obove of UNDERLYING CONDITION	O DEATH mode of dying, Il means the dise ich coused death, I CAUSES ONS, il ony, gi ause (Al sloling	ving	a art	SE GRAZARY A CONSEQUENCE OF: A CONSEQUENCE OF:	Moule		Austi 4 ys
TION	OTHER SIGNIFICANT COND TO THE DEATH BUT NOT RI	ITIONS CONTRIBUTI	NG NAL					
4	DISEASE OR CONDITION GI 19A. DATE OF OPERATION	VEN IN PART 1 (A).		HICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERI	FINDINGS AUSES OF	CONSIDERED DEATH?
0	21 A. A CCIDENT WAS UND OR CONTRIBUTING CAU DEATH (notify medical exon	ISE OF	21B, home etc.)	PLACE OF INJURY (e.g., in e, form, foclory, street, off	or obout 21 C. WHERE DID	(If In Bolilmo	ore City, giv	re exact locotion)
3	21D.TIME (Month) (D OF INJURY (APPROX)	oy) (Yearl (Hour)		e At At Work	21F. HOW DID II	AJURY OCCUR?		
	22. I certify that (1) (thi	s hospital) attend			6/18	1069	16	1211 :010
	that (i) (we) lost saw th			16 101	19/7/2 ond	that in (my) (aur)	inion de-	th occurred on the dote
- 1	and haur and from the co						mon geo	in occurred on the dote
	23A. SIGNATURE 23C. PHYSICIAN'S NAME (Typel	and Le	a	Ch Migree Phys.	nding Med.	Staff Phys.	23 B, DA1	1 21 / 7 B
	C. E	dward Leach	1		14 E. Eager S	Street, Balt	imore	Maryland
24A	BURIAL CREMATION, 24E			ME of CEMETERY of CRE			City, town, o	
В	urial	12-23-1970	Lo	udon Park Ceme	eterv Ra	altimore. Ma	rvland	
25A.		DEPT. 258. NA!	ME OI	FREGISTRAR	25C. FUNERAL DIRECTO		Lylaile	ADDRESS
VS 1	DEC 24 1970	Polos E. Fa	We.	gra 0 0	2 Howard H. H	ibbard, 4107	Wilke	ens Ave. 21229

the second secon . E plan 30 post of the control o T182 27 % . . and the same of th

FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT / REG. NO. 70 1248-CERTIFICATE OF DEATH 1248 a hospital and cause of death sse; (5) Deceased endance on the to death. Such 2. DATE AND HOUR OF DEATH NAME OF DECEASED Type or Print) Wallace 12/19/70 Salisbury 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland cause FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR C CITY OF TOWN D. INSIDE CITY LIMITS (4) Undetermined cause; attend Cambria Street Baltimore YES W NO prior E STREET AND NUMBER contributing occurred 1813 Cambria Street 27 225 regular 0 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years Il Under 1 Yr. If Under 24 Hrs. MARRIED NEVER MARRIED is ma deceased Hours Feb. 22, 1922 48
11. BIRTHPLACE (State or foreign country) Male White WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? death isposition dane during most of working life, even it retired? _ TESA 10 Laborer-Cemeterv Cemetery Langley Kentucky Was the 13. FATHER'S NAME direc Lackey Salisbaury Alice Welson assistant death 0 kind; 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL 0 Salisbury Seme final (Yes, no or unknown) (II yes, give war or dates of service) SECURITY NO. ***** NTO 540-22-0716 della condiciona de la constanta de la constan an any CAUSE OF DEATH O 10 ŏ BETWEEN ONSET AND DEATH pronounce Also, atten DISEASE OR CONDITION DIRECTLY med of LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., DUE TO OR AS A CONSEQUENCE OF bal heart foilure, asthenia, etc. It means the disease, examiner xaminer. ulai injury or camplication which coused death.) em ANTECEDENT CAUSES who 6 10 re 4 DUE TO. OR DISEASES OR CONDITIONS, if any, giving 0 (3) rise to the above couse (A) stating the hysician UNDERLYING CONDITION last. remains medical MOS medical burns; 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) d Body chief before the 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or Not the CERTIFI 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? by 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR? the (7) 21 A. ACCIDENT WAS UNDERLYING (If in Baltimare City, give exact lacation) where OR CONTRIBUTING CAUSE OF 2 DEATH (natify medical examiner) hospita any nature; by Q 21D. TIME OF INJURY obtained (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Day) (Year) 9 approved (except While At Not While I (APPROX.) Work At Work and to the 22. I certify that (1) (this haspital) attended the deceased fram 2 19 6 Lf to that (1) (we) last saw the deceased alive an and that in (my) (our) opinion death accurred on the date pe eath) of and haur and fram the causes stated abave. (1) (We) (did not) view the bady after death. was released hospit must An accident 23A. SIGNATUR 23B. DATE SIGNED must O Attending 7 Med. Staff 0 0 Phys. Director L Phys. U 23C. PHYSICIAN'S 23D. ADDRESS pprov prior t D NAME (Type Dr. Sidney R. Gehlert 4700 Pennington Ave. Balto, Md d 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) eceased 0 the body D.0 REMOVAL (Specify) written Glen Haven Memorial Park shows: Ritchie Hwy. A.A. Md. MOS 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR FUNERAL DIRECTOR ADDRESS Funeral Home 0 Patapsco Ave VS 150-REV. 1/1/6B



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased IMPORTANT FUNERAL DIRECTOR:

16	7-235 70 1248	16.	HEALTH DEPARTMENT	REG. NO.	76 12450
1.1	TH NO. 70-22/8/		TE OF DEATH	ND HOUR OF DEATH	
	PLACE IN BALTIMORE, MARYLAND, WHERE PE	Bally Boe	4. USUAL RESIDENCE (Whe	2-20-70 ie deceased lived. If institution:	7:25 Pm. residence before admission)
H	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Md: B	D. INSIDE CITY	HMTS?
1	Union Memorial	Hospital	BALTO . E. STREET AND NUMBER	YES D	
-	Ev V ace		7232 600		
5.	Male White WIDON		12-20-70		der 1 Yr. If Under 24 His. s Doys Haurs Min.
don	. USUAL OCCUPATION (Give kind of work 10B, KIN e during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State of lose	ign countryl 12. CI	TIZEN OF WHAT COUNTRY?
13.	NONE FATHER'S NAME		14. MOTHER'S MAIDEN NA	nd	U5H
	JACK P. AUSTIN, SI	•	CARMEN	BARTLEY	
15. (Ye:	Was Deceased Ever in U. S. Armed Forces? s,na,or u known) (If yes, give war or dates of servi	16. SOCIAL SECURITY NO. None	Mr. Jack Austin	Sr3232 600	ADDRESS,
	18.	CAUSE OF DEATH	*	V	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Diguaum	1 miemonific	BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	e.g., (A) IMMEDIATE CAU DUE TO, OR AS	A CONSEQUENCE OF:	1 Kemorr hag	e ans onen
	injury or complication which caused deoth.) ANTECEDENT CAUSES	Mario	minna Aco	enthense	8/143-
	DISEASES OR CONDITIONS, it any, gi	ving DUE TO, OR AS	A CONSEQUENCIOF:	11001070	01 112
	usa to the above cause (A) stating UNDERLYING CONDITION last.	Ihe (c) Neon	otal #3Pl	una	OM 42 min
ATION	01HER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	VAL TY	roglycem	ia Jut/to	-7 his
ERTIFIC	WAS PERFORMED	OR WHICH OPERATION	20% AUTOPSY? (Yes or No	20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?
CALC	21A, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUST OF DEATH (nofify medical exception)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of elc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimore City, gi	ive exact location)
MEDI	21D-TIME (Month) (Doy) (Year) (Haur) (APPROX.)	21 E. INJURY OCCURRED While At Not While	21F. HOW DID INJ	URY OCCUR?	
	22. I certify that (1)(this haspital) attend	Wark At Work		0.70	0
	tho (1) (we) lost saw the deceased alive			ot I (my) (our) opinion de	O 19 70 oth occurred on the date
	and hour and fram the couses stated above	(1) (We) (did) (did nat) v	lew the body after death.		
	som Ovata	A a l l l l l l l l l l l l l l l l l l	nding Med.	Staff Phys	2-20-70
	23C.PHYSICIAN'S NAME CHAPOL	- DEGREE	23D. ADDRESS	- 1	20
244	BURIAL CREMATION, 24B, DATE 24	TUSISN DEGREE	Union Ill	MOULD AS	epital
В		olly Hill Memori		Baltimor	or dunty) (State)
2\$ A	DEC 24 1970 Color E. Ta	ME OF REDISTRAN	2 25 FUNERAL DIRECTOR	7922 Wisa A	ADDRESS Dundalk Ma
VS	150-REV. 1/1/68	2) etc	Juda,	7922 Wise Ave.	Januark, Md.

VALUE OF COMMENTS The state of the s

11-250 BIRTH NO.	MEI	DICA	L EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO		£54.	83		
I. NAME OF DEC	EASED			2. DATE	Known	Manth	Day	Year	Hour			
(Type ar Print)	HENDRICE	MACH	HOLAN	OF DEATH	Estimoted		50,	1007	1100	4.4		
4. PLACE IN BAL	TIMORE, MARYLAND,	WHERE P	RONOUNCED DEAD	3. DATE		Month	Day	Year	Hour	М.		
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INS	STITUTION, GIVE STREET		UNCED DEAD	12	18	1970	3:49	P _M		
	Baltimore (Genera	al Hospital	A. STATE	Md.		B. COUNTY	2.4	gomery			
male	7.RACE white		RIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS? Chevy Chase								
9. DATE OF BIRTS	H HO.AGE	In years	NED DIVORCED I If Under 1 Yr. If Under 24 Hrs.		AND NUMBER			YES	ио Ц			
May 16,		3Y)	Months: Days : Hours Min.	8206	Colston P	lace			65	01		
Massach	itate or foreign country)		12. CITIZEN OF WHAT COUNTRY?	13. FATHER	hen Macho	ian						
4A.USUAL OCCU	PATION (Give kind of wor	148. KINI	O OF BUSINESS OR INDUSTRY									
Attorne	rorking lile, even if retired	Int.	5 0	1	n Atanian							
A. WAS DECEASE	ED EVER IN U.S. ARME	DFORCE	S? IT. SOCIAL	18. INFOR	MANT			ADDRESS				
vYes	W.W. II	s or service	577-24-7166	Mary	A. Macho:	ian, Wi	fe, San	ne as #	5			
19.	180.0		CAUSE OF DEA	тн					PROXIMATE IN			
DISEASI	E OR CONDITION DIR	ECTLY										
	LEADING TO DEATH	lulum am	(A)IMMEDIATE C	AUSE	tiple tra	umatic	injuri	Les				
heart follure,	ot mean the mode of d , asthenta, etc. It means th application which coused de	ying, e.g.,	DUE TO, OR A	S A CONSEQ	UENCE OF:							
mory or con	prication winds coused of	om.)										
	NTECEDENT CAUSES		(8)									
RISE TO THE	ABOVE CAUSE (A) ST	IY, GIVING ATING THE	DUE TO, OR	AS A CONSE	RUENCE OF:							
UNUFRIEN	IG CONDITION LÁST.		(c)									
OTHER SIGN	11											
O TO THE DEA	IFICANT CONDITIONS C	O THE TERM	IINAL									
20A. DATE OF	CONDITION GIVEN IN I		FOR WHICH OPERATION WA	S PERFORM	ED			21 AUTO	PSY? (Yes o	r No.		
Ü				- 12111 - 1111					es	110)		
Z 22A. EXTERN	NAL CAUSE WAS		228.PLACE OF INJURY(e.g.,	In or obout 2	2C. WHERE DID (lf in Baltimo	re City, give e	-				
	SE OF DEATH.		228.PLACE OF INJURY(e.g., home, form, foctory, street, office Harbor Tunne	Lbldg., etc.) II	ntrance r	amp to	tunne	1 50	2-0			
OF INJURY	Month) (Day) (Yea	or) (Hou	r) 22E.INJURY OCCURRED	2	2F. HOW DID INJ	URY OCC	JR?					
(APPROX.)	12-18-70 3	:20 p	m. WHILE AT NOT	WHILE T	Driver in	auto-	auto a	ccident				
23.	if all all later	[7									
	Ify that I held on			opsy X	and that on th							
result	ed from: Natural ac	uses [Accident C. Sulcid		micide U		ned manner					
ACTUAL	(/K	mila	alalax s		CHIEF MEDICAL EX		区		DATE SIGN	ED		
SIGNATU	EDIC S //"	70400	M.D.									
NAME (T	W1 MOY	e Miha	alakis, M.D.	ASSO	CIATE MEDICAL E	CAMINER		12-	19-70			
24A. BURIAL CREN REMOVAL (Specific			24C. NAME of CEMETERY	CREMATO	RY 24D. L	OCATION	(City, tow	n, or county)	(Stote	e)		
Buri		/70	Parklawn Ceme		Ro	ckvil	le, Mon	tg.Co.,	Maryla	ind		
25A. DATE REC'D		40 .000	AME OF REGISTRAR	25C. F	UNERAL DIRECTO	AWLER	S SONS	ADDRESS				
DEC 24	14 178 (16 East	4. 46	Ben A. A. O O	1 60	130 WISC. AVE.							

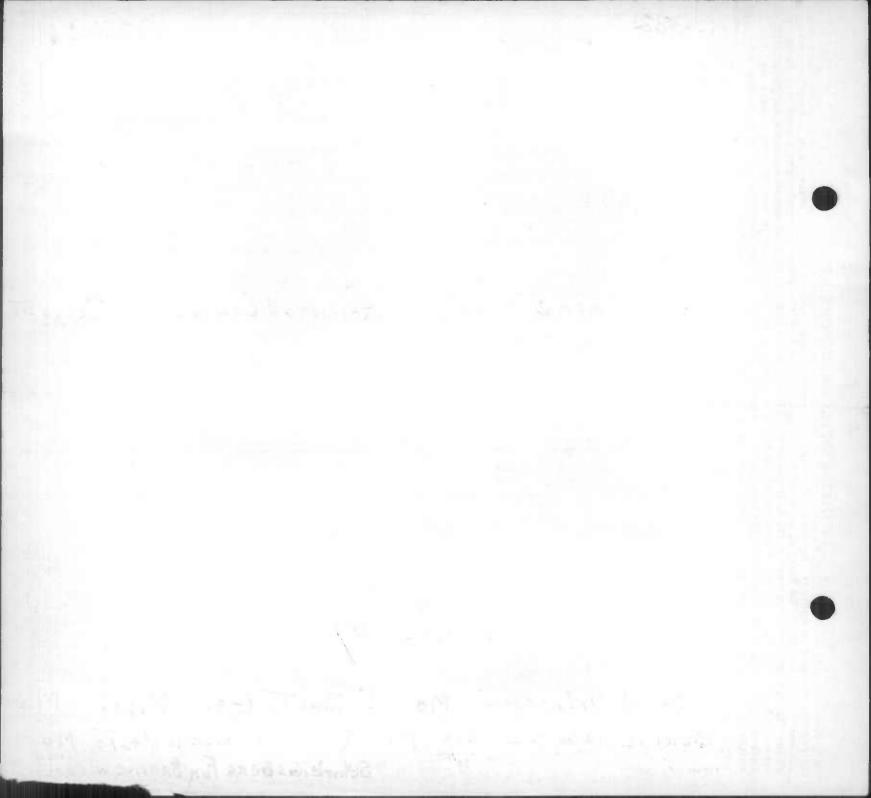
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

REG.	NO.	70	7	2484
			-	100

DIKITI IVO.	CATE OF DEATH			
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH			
Amelia Louise Cummings	12/21/70 14/PM M.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whose deceased lived. II Institution: residence before admission! A. STATE B. COUNTY			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland, Baltimore C. CITY OF TOWN D. INSIDE CITY LIMITS?			
South Baltimore General Hospital	Baltimera YES P NO			
Baltimore, Maryland 2,230	E. STREET AND NUMBER			
	1109 West Cross St. Bultu. Hd.			
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AOE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 3-13-97			
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
Housewisa	Baltimore, Waryland USA			
13. FATHER'S NAME	13 a / Fimore, Waryland USA			
John Washes	S. Ol. P. J			
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	In-elia Fischer 17. INFORMANT ADDRESS			
(Yes, no or unknown) (It yes, give wor or dotes of service) SECURITY NO.	1109			
NONE 166-07-2212				
18. CAUSE OF D	DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ECAINE ASCYD			
(This does not mean the mode of dying, e.g., (A) IMMEDIATE	R AS A CONSEQUENCE OF:			
haart failure, aslhenia, etc. It means the disease, injury or complication which caused deoth.)	RAS A CONSEQUENCE OF:			
ANTECEDENT CAUSES				
(B)				
DISEASES OR CONDITIONS, if ony, giving DUE TO, O rise to the above couse (A) stating the	R AS A CONSEQUENCE OF:			
UNDERLYING CONDITION last. (C)	Diabet Mellits			
_				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
DISEASE OR CONDITION GIVEN IN PART 1 (A).				
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
OR CONTRIBUTINO CAUSE OF hame, farm, factory, street	e.g., in or obout 21 C. WHERE DID (If In Bollimore City, give exect location)			
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
∠ (APPROXI While At ☐ Not ')	While Work			
22. I certify that (2) (this hospital) attended the deceased from				
that (1) (we) last saw the deceased alive on 12/2/1	19 7° to (2/2/19 7° 19 7			
and hour and from the couses stated above. (IF(We) (did) (did	w) view the body ofter death.			
23A. SIGNATURE	23 R. DATE SIGNED			
Land Scherman ATT DEGREE	Attending Med. Staff Phys. 12/2//34			
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS			
DAVID DILYERMAN MON	GREE S & BALTA GEN BALTA VIG			
REMOVAL (Spocily)				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR PADDRESS 1176			
HERO'S WIND OF AC Z. D. TOO'S	2 Sohweilasberg Fun Service W. Cress S			

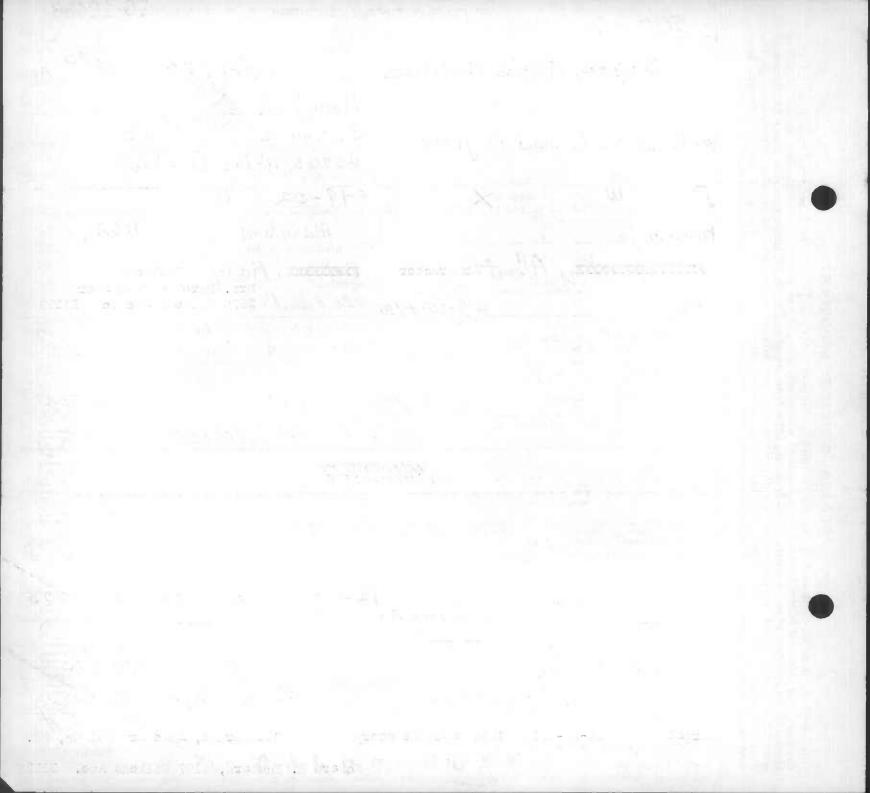


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al exar (3) A an wh	in re ns are
e approved by the chief medical examiner or his assistant if death occurred in a hospital and a to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased tal (except where the physician who pronounced death was in regular attendance on the	th); and (6) No physician was in regular attendance on the deceased pri t be obtained before the remains are embalmed or final disposition is made.
chief by a n Body	hysicic re the
by the pital b re; (2) where	No p
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be apped to the total total	ath); c
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such Aritten approval must be obtained before the remains are embalmed or final disposition is made.
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8-350 70 12485		HEALTH DEPARTME		70 12485
BIRTH NO.	CERTIFICA	TE OF DEA	TH REG. NO	
Type or Panil SUTTON BERN	ARD E.	2. D/	December 23	H 70 17:45 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC	ED DEAD	4. USUAL RESIDENC	E (Where deceased lived, If	institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	Mary 10 C. CITY OR TOWN	and	ISIDE CITY EIMITS?
HUnion Memorial Hosp	sital	E. STREET AND NUM		YES NO
				Venue.
Male White WIDOWED	DIVORCED _	03-03-	9. AGE (In years lost birthday)	II Under 1 Tr. K Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS done during most of working life, even if refired)	SINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign countryl	12. CITIZEN OF WHAT COUNTRY
Retired-Machinist Amer	ican Can	VIRGIN	LI AIL	American
13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME	
Not known		Nut	Known	
	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO 21	7-01-4-363	Edna	Sutton	Same
18.	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				DETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	552 10, 51 737	CONSEQUENCE OF:		
ANTECEDENT CAUSES	S 4	e ple Cen	la	
DISEASES OR CONDITIONS, il any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	****************	******************************
rise to the above cause (A) stating the UNDERLYING CONDITION tast.	(c)			
	(9/		***************************************	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	100000			
19A-DATE OF OPERATION 19R CONDITION FOR WHICE WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 1 121R PLAN	CH OPERATION	20A. AUTOPST? (Yes	or No. 208, IF TES, WERI	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, for etc.)	CE OF INJURT (e.g., in rm, factory, street, alf	or obout 21C, WHERE INJURY OCC	DID (If in Boltime	ore City, give exact location)
21D-TIME (Month) (Doyl (Yearl (Hourl 21E INJU OF INJURY (APPROX.)	URT OCCURRED Not While At Work		ID INJURT OCCUR?	
22. I certify that (1) (this hospital) attended the de		1	19 170 to De	cembr 23 19 70
that (1) (we) last saw the deceased alive on				Inion death occurred on the date
and haur and from the couses stated above. (1) (We	The state of the s	ew the body ofter d	eoth.	
23A. SIGNATURE				238, DATE SIGNED
Tohu The	MD DEGREE Phys.	ding Med.	Stoff Phys.	Decemb. 23, 70
23C. PHTSICIANS NAME (Type) TOHYU OHE	NO 2	3D. ADDRESS	Memoria	1 Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	of CEMETERT of CRE	MATORT	24D. LOCATION (C	City, town, or county! (State)
	land Memo	rial	Baltimore (Co. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RE	GISTRAR	25C, FUNERAL DIR	ECTOR	ADDRESS
VS 15 15 15 15 15 15 15 15 15 15 15 15 15		T.W.Jenki	ns/ & Sons Co	o.,Balto.,Md.

ACE LEATEN AVENUE X EW SIN 37 SP-80-80 And the state of t wast Krasera principal toin Eding Suffery Same at the named of at should be made Tohus Ols no x Decemb 23, 19 Taken Det Language Names of Brown Starping A STATE OF THE PROPERTY OF THE PARTY OF THE

BALTIMORE CITY HEALTH DEPARTMENT A. M. 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? NO If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? Dorothy Shoenaker 2670 Wilkens Avenue 21223 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? IYes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (Il In Boltimoro City, give exoct location) and that In(my) (our) opinion death accurred on the date 23 B, DATE/SIGNED (City, town, or county) GlenBurnie, Anne Arundel Co. Md. Howard H. Hubbard, 4107 Wilkens Ave. 21229



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	NAME OF DECEASE	D		CERTIFICA		AND HOUR OF DEAT	TH
(1y	pe or Print)	Edward	F.	Koenig		December 2	
3.	PLACE IN BALTIMO	DRE MARYLAND, W	HERE PRONC	UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before odmiss
FU	ILL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	TUTION, GIVE STREET	Maryland		200
IN!	STITUTION	ADDRESS OR LOCA	ATIONI		C. CITY OR TOWN	D. 1N	VSIDE CITY LIMITS?
	15/3 :	2049 Wilker	ns Aven	ue	Baltimore E. STREET AND NUMBER		YES X NO
1		Baltimore,	Marvla	nd	2049 Wilkens		
5. \$		ACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 I
Ma	ale	White	WIDOWED		10-14-1907	lost birthdoyl	Months Doys Hours Min
10A	USUAL OCCUPAT	ION (Give kind of work	108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fo	preign countryl	12. CITIZEN OF WHAT COUN
	Furniture	ig the, even it retired)	Self	Employed	Maryland		U.S.A.
13.	FATHER'S NAME				14. MOTHER'S MAIDEN N		0.00.00
	Ed	ward H.	Koenig				
15.1	Was Deceased Eyer	in U. S. Armed For	cos?	1 6. SOCIAL	17. INFORMANT		ADDRESS
		es, give wor or dole	s of service)	SECURITY NO.	Man 772 - 1 **	77 - 1 00	
N	18.	91		212-09-4420 CAUSE OF DEAT	Mrs. Hazel K.	Koenig, 20	49 Wilkens Ave. 2
	DISEASES OR C	CEDENT CAUSES	anv. eivina	(B) M A	L'ONSFOLIENCE OF	Infance	lin I moul
	other Significan	CONDITIONS, if of the course (A) ONDITION lost.	stating the	(B)	GONSEQUENCE OF:	Infara	Tin 1 moul
RTIFICATION	OTHER SIGNIFICAN TO THE DEATH BUILDISEASE OR CONDI	CONDITIONS, if of the course (A) ONDITION lost. I CONDITIONS COIT ON THE CONDITIONS COIT NOT RELATED TO THE CONDITION OF THE	NTRIBUTING TE TERMINAL TO A (A).	(b) M DUE TO, OR AS (c) CO	grandial SONSEQUENCE OF: LECUS CO	Noll 20B IF YES WER	E FINDINGS CONSIDERED AUSES OF DEATH?
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MEDICAL CERTIFICATI	other significant of the object of the Death But Disease or condition of the Death But Disease or condition of the Death Work of the Death Work of the Death Contributing Death (natily modification) of INJURY (APPROX.)	CONDITIONS, if the conditions of the conditions conditi	NTRIBUTING 1E TERMINAL 1 1 (A). DITION FOR ORMED 218 ham etc. Wh Wo	WHICH OPERATION PLACE OF INJURY (e.g., in, locker, of other of other of other other). INJURY OCCURRED At Work he deceased from	20A. AUTOPSY? (Yes or no or obout 21C, WHERE DID lifee bidg., INJURY OCCUR?	No) 208. IF YES, WER IN CERTIFYING C	ore City, give exact location)
MEDICAL CERTIFICATI	other significant of the object of the Death But Disease or condition of the Death But Disease or condition of the Death Work of the Death Work of the Death Contributing Death (natily modification) of INJURY (APPROX.)	CONDITIONS, if over cause (A) DIDITION lost. IT CONDITIONS COLOR TO THE CONDITION SUPERING PREPARENTS OF CAUSE OF COLOR CONDITION (Doy) (Yeor)	NTRIBUTING 1E TERMINAL 1 1 (A). DITION FOR ORMED 218 ham etc. Wh Wo	WHICH OPERATION PLACE OF INJURY (e.g., in, locker, of other of other of other other). INJURY OCCURRED At Work he deceased from	20A. AUTOPSY? (Yes or not obout 21C. WHERE DID lice bidg., INJURY OCCUR?	No. 20B. IF YES, WER IN CERTIFYING C	ore City, give exact location)
MEDICAL CERTIFICATI	other significan to the de underlying control of the Death Budisease or conditions. The control of the death was a control of the death	CONDITIONS, if over cause (A) DIDITION lost. IT CONDITION S COLOR TO THE	NTRIBUTING IE TERMINAL 1 1 (A). DITION FOR ORMED 21B ham elc. (Hous) 21E Wh wo	WHICH OPERATION PLACE OF INJURY (e.g., ine, iorm, lociory, street, of the iorm,	20A. AUTOPSY? (Yes or not obout 21C. WHERE DID lice bidg., INJURY OCCUR?	Nol 20B. IF YES, WER IN CERTIFYING C	Lauses OF DEATH? fore City, give exact location)
MEDICAL CERTIFICATI	rise to the abunderLying CO OTHER SIGNIFICAN TO THE DEATH BUIDISEASE OR CONDITOR 19.A. DATE OF OPEN 21.A. ACCIDENT WOR CONTRIBUTING DEATH (natily modity) 21.D. TIME (Modern Control of INJURY (APPROX.) 22. I certify that that (I) (***) last	CONDITIONS, if over cause (A) DIDITION lost. IT CONDITION S COLOR TO THE	NTRIBUTING IE TERMINAL 1 1 (A). DITION FOR ORMED 21B ham elc. (Hous) 21E Wh wo	WHICH OPERATION SPLACE OF INJURY (e.g., ine, iorn, ioclory, street, ol) INJURY OCCURRED Not While At Work he deceased from 10 12 - 2 0 I) (We) (did) (did not) v	20A. AUTOPSY? (Yes or not obout 21C. WHERE DID like bidg., INJURY OCCUR? 21F. HOW DID It	No) 20B IF YES, WER IN CERTIFYING C (If In Boltim NJURY OCCUR?	causes of DEATH? for City, give exact location; 2 2 19 70 pinion death accurred on the d
MEDICAL CERTIFICATI	OTHER SIGNIFICAN TO THE DEATH BU' DISEASE OR CONDI 19A. DATE OF OPE 21A. ACCIDENT W OR CONTRIBUTING DEATH (natily modi 21D. TIME (Mod OF INJURY (APPROX.) 22. I certify that that (I) () last and haur and from 23A. SIGNATURE	CONDITIONS, if over cause (A) DIDITION lost. IT CONDITION S COLOR TO THE	NTRIBUTING IE TERMINAL 1 1 (A). DITION FOR ORMED 21B ham elc. (Hous) 21E Wh wo	WHICH OPERATION PLACE OF INJURY (e.g., ine, iom, ioclory, street, of the ioclory, ine, ioclory, ioch, ioc	20A. AUTOPSY? (Yes or not obout 21C, WHERE DID lifee bidg., INJURY OCCUR? 21F. HOW DID It 21F. HOW DID It 21F. How did not be been death Lifew the bady after death Med. Director	Nol 20B. IF YES, WER IN CERTIFYING C	core Cily, give exact location; 2
MEDICAL CERTIFICATI	other significan to the de underlying control of the Death Budisease or conditions. The control of the death was a control of the death	CONDITIONS, if and the course (A) and the course of the cours	NTRIBUTING IE TERMINAL I 1 (A). DITION FOR ORMED 218 Who determinat Who determinat United Who wo	WHICH OPERATION PLACE OF INJURY (e.g., ine, iom, ioclory, street, of the ioclory, ine, ioclory, ioch, ioc	20A. AUTOPSY? (Yes or not obout 21C. WHERE DID like bidg., INJURY OCCUR? 21F. HOW DID It	No) 20B. IF YES, WER IN CERTIFYING C	causes of DEATH? for City, give exact location; 2 2 19 70 pinion death accurred on the d
MEDICAL CERTIFICATI	rise to the abunderLying CO OTHER SIGNIFICAN TO THE DEATH BUIDISEASE OR CONDITION 19A. DATE OF OPE 21A. ACCIDENT WOR CONTRIBUTING DEATH (natily medi 21D. TIME (Modern Modern) 22D. I certify that that (I) () last and haur and from 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	CONDITIONS, if any course (A) on the course of the course of (B) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	NTRIBUTING SETERMINAL 1 1 (A). DITION FOR ORMED 218 ham elc. (Hous) 21E Wh Wo attended t d alive an ed abave. (I	WHICH OPERATION PLACE OF INJURY (e.g., ine, iorm, loctory, street, of other interest of the control of the con	20A. AUTOPSY? (Yes or no or obout 21C. WHERE DID lifee bidg., NJURY OCCUR? 21F. HOW DID It 21F. HOW DID It 21F. HOW DID It Compared to the bady after death Med. Director D 23D. ADDRESS 611 Park Ave	No) 20B IF YES, WER IN CERTIFYING COURT 19 6 ta 12 that In (my) 4000) or the Phys. nue, Baltimo	causes of DEATH? Ore City, give exact location 22
WEDICAL CERTIFICATI	rise to the abunderLying CO OTHER SIGNIFICAN TO THE DEATH BUIDISEASE OR CONDITION 19A. DATE OF OPE 21A. ACCIDENT WOR CONTRIBUTING DEATH (natily modi 21D. TIME OF INJURY (APPROX.) 22. I certify that that (I) () last and haur and from 23A. SIGNATURE 23C. PHYSICIAN'S	CONDITIONS, if and the course (A) CONDITIONS, if and the course (A) CONDITIONS (A) CONDITIONS (CO. T. NOT RELATED TO THE CO. T. NOT RELATED TO T. NOT RELATED TO THE CO. T. NOT RELATED TO T. NOT RELATED TO THE CO. T. NOT RELATED TO THE CO. T. NOT RELATE	NTRIBUTING SETERMINAL 1 1 (A). DITION FOR ORMED 218 ham elc. (Hous) 21E Wh Wo attended t d alive an ed abave. (I	WHICH OPERATION SPLACE OF INJURY (e.g., ine, iom, ioclory, street, of the ioclory, street, of the ioclory, ioch, ioclory, ioch, i	20A. AUTOPSY? (Yes or no or obout 21C. WHERE DID lifee bidg., NJURY OCCUR? 21F. HOW DID It 21F. HOW DID It 21F. HOW DID It Compared to the bady after death Med. Director D 23D. ADDRESS 611 Park Ave	No) 20B IF YES, WER IN CERTIFYING COURT 19 6 ta 12 that In (my) 4000) or the Phys. nue, Baltimo	Pora City, give exact location; 2-2 2 19 70 pinion death accurred on the display and the display accurred to the display and the display accurred to

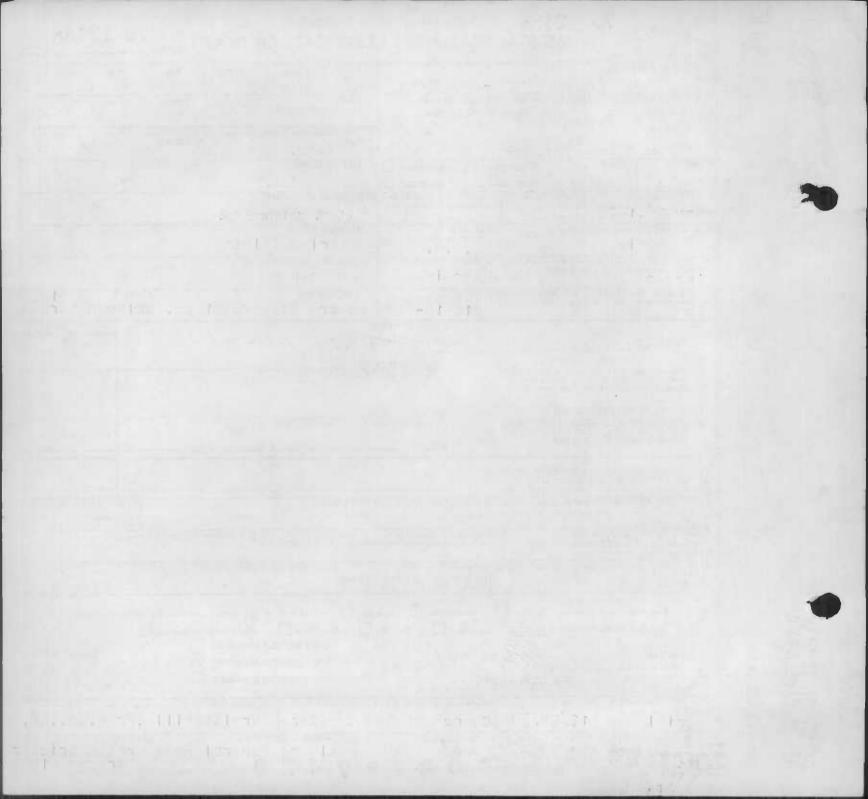
Dread II. Reed The state of the s gers in # 2 of the Life The Mill of Market of the Control of

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BALTIMORE CITY HEALTH DEPARTMENT

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70	2	3	N	M

J-250 BIRTH NO.	MED	ICA	L EXAMINER'S	CERTIF	ICATE OF	DEAT	H REG. NO	70 1	2488
1. NAME OF DECEAS	DOROTHY		E -JACKSON	2. DATE OF DEATH	Known Estimated	Month	Doy	Yeor	Hour
4. PLACE IN BALTIMO		RONOUNCED DEAD STITUTION, GIVE STREET	3. DATE PRON	OUNCED DEAD	Month 12	Doy	Yeor	Hour	
OR INSTITUTION	ADDRESS OR LOCA	TION)		5. USUA	RESIDENCE (Where		18 ved. li Institut	1970	120
	cours Hosp			A. STATE	Md.		B. COUNTY		102
6. SEX 7. I	RACE	8. MAR	RIED NEVER MARRIED	C. CITY	OR TOWN		D. INSIDE	CITY LIMITS?	
female	white	WIDO	WED DIVORCED		Balto.			YES 🖾	поП
Nov 26,19	10. AGE (I lost birthdo		Months Days Hours Min.		S. Calhour	St.			
11. BIRTHPLACE (Stote Ohio			12. CITIZEN OF WHAT COUNTRY?		er's NAME	ktte			
14A.USUAL OCCUPATI	ON (Give kind of working life, even if retired)	Mea	OF BUSINESS OR INDUSTR	1	HER'S MAIDEN NAM	AE			
16. WAS DECEASED E	VER IN U.S. ARMEI	FORCE of service	57 17. SOCIAL SECURITY NO. 210-10-4236	18. INFO		n = 01		ADDRESS	2122
No			CAUSE OF DEA		ard Steve	ns 21	50.	Calhou	n Stree
(This does not me heart follure, ost in injury or compiled ANTEC DISEASES OR CORSE TO THE ABOUNDERLYING CONTERNION OF THE SIGNIFIC TO THE DEATH DISEASE OR CONTERNION OF THE SIGNIFIC TO THE DEATH DISEASE OR CONTERNION OF THE SIGNIFIC TO THE DEATH DISEASE OR CONTERNION OF THE SIGNIFIC TO THE DEATH DISEASE OR CONTERNION OF THE SIGNIFIC TO THE DEATH DISEASE OR CONTERNION OF THE SIGNIFIC TO THE DEATH DISEASE OR CONTERNION OF THE SIGNIFIC TO THE DEATH DISEASE OR CONTERNION OF THE SIGNIFIC THE SIGNIFI	R CONDITION DIRE ING TO DEATH ean the mode of dy enlo, eic. It means the sition which caused dec EDENT CAUSES ONDITIONS, IF AND OVE CAUSE (A) STA- CONDITION LAST. II ANT CONDITIONS CO BUT NOT RELATED TO JOITION GIVEN IN P.	ing, e.g., discose, alh.) 7, GIVING THE DNTRIBU THE TERA	(B)	CAUSE AS A CONSI	EQUENCE OF:	disea	ase		EEN ONSET AND DEAT
	RATION 208. COL	NOITION	FOR WHICH OPERATION WA	AS PERFOR	MED			21. AUTOF	SY? (Yes or No)
								no	
UNDERLYING CAUSE			22B.PLACE OF INJURY(e.g., hame, farm, lactory, street, office	In or obout bldg., etc.)	22C. WHERE DID (INJURY OCCUR?	lf In Balilman	e City, give e	xact location)	
22D. TIME (Man OF INJURY (APPROX.)) (Hou		WHILE ORK	22F. HOW DID INJ	URY OCCI	JR?		
ACTUAL SIGNATURE_ EXAMINER'S NAME (Type) 24A. BURIAL CREMATII REMOVAL (Specify)		e Mi	Accident Suicide Suicide Suicide M.D. halakis, M.D. 24C. NAME of CEMETERY	ASS	CHIEF MEDICAL EI SISTANT MEDICAL EI OCIATE MEDICAL EI ORY 24D. L	AMINER KAMINER KAMINER KAMINER	(City, lov	12-1 vn, or county)	(Stote)
BUT 1a I	EALTH DEPT.	258. N	Church Of Go	25C	FUNERAL DIRECTO a I ters Fu	R		ADDRESS	.Co.,Md.
VS 151-REV. 1/1/68	O INDEXE C	alasti	000	20	470				ets 2122

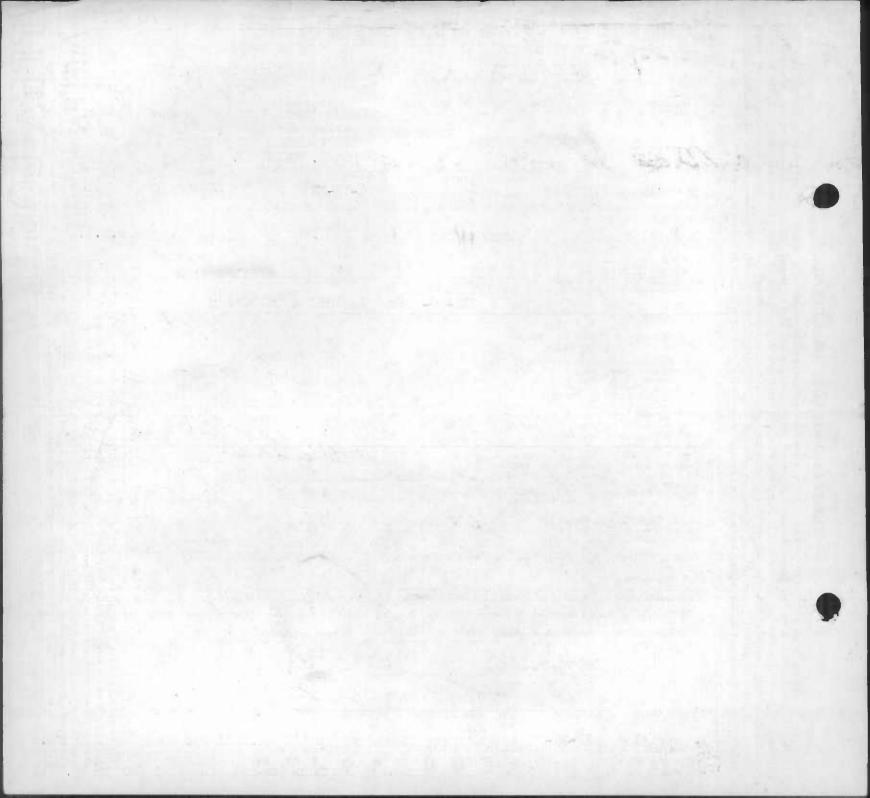


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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6	1	70 10	100	BALTIMORE C	CITY HEA	LTH DEPARTMENT		7,	1248	C
1	0.400	70 12	10H	CERTIFIC	ATE	OF DEATH	REG. NO	70	. h 🕹 U	13
	TH NO.	FASED		OEK THI TO	97 (1 12		ID HOUR OF DEAT	н		
	pe or Print)									
3.	PLACE IN BAL	Frederick G F				ISUAL RESIDENCE (When TATE B. COUN	e deceased lived. If	institution: r	esidence before	odmission)
	LL NAME OF	(IF NOT IN HOSPITAL OR	INSTITUTI	ON, GIVE STREET		Maryland	Baltimore	City	2.6	32
IN:	STITUTION	ADDRESS OR LOCATION			c.	ity or town altimore		SIDE CITY L	IMITS?	1
1	10	4232 Woodlea Av	e. Bai	lto. 21206	E. S	TREET AND NUMBER		1 1 1		
	Transfer or the same of the sa					4232 Woodles	a Avenue	21206		1
S. 5	EX	6. RACE 7. MA	RRIED T	NEVER MARRIED	8. D.	ATE OF BIRTH	9. AGE (In years	II Unde	er 1 Yr. , If Un	de 24 Hrs.
1	Tale	Cauc	OWED [DIVORCED [25 May 1913	tast birthdoy 57	Months		
		JPATION (Give kind of work 108, KI vorking life, even if retired)				TRTHPLACE (Stote or lorei	gn Country)	12. CITI	ZEN OF WHAT	COUNTRY?
		useman (A&P)	etai]	Bood Sto	oreoh	io		1	U.S.	
T3.	FATHER'S NAM	A E				MOTHER'S MAIDEN NA	ME			
	Thodo	nials O Dailes								
15		rick O. Bailey Ever in U. S. Armed Forces?	Ti /	S. SOCIAL	17.1	Lora M. Rand	lolph		ADDRESS	
(Ye	s, na ar unknown)	(III yes, give wor or dotes of se	rvice)	SECURITY NO.						1206
	YES	WW II	2	212-16-684	8	Patient's Wi	ife 1,232 W	oodlea	Ave. Ba	alto.
	18.	1 X X 25	0.4	CAUSE OF DE	EATH				APPROXIMATE	
		E OR CONDITION DIRECTLY	11						DET TREET OF OLD	
		LEADING TO DEATH		(A) IMMEDIATE	CAUSE	Hypertensi	wa &		4 year	.a
		at mean the made of dying, asthenia, etc. It means the di		DUE TO, OR	AS A CO	NSE SERVED I OSCI	erotic			
		plication which caused death.				Vascular I)isease			
1		ANTECEDENT CAUSES		(0)						
	DISEASES C	R CONDITIONS, if any,	giving	DUE TO, OF	R AS A CC	NSEQUENCE OF:				
		abave cause (A) stating	g lhe	(0)				2.1111		
	ONDEREITING	CONDITION last.		(C)						
z	OTHER CICALIE	II	TING				444			
10	TO THE DEAT	icant conditions. CONTRIBU H but not related to the term				Diabetes	Mellitus		4 year	18
CA		OPERATION 198 CONDITION	FOR WH	ICH OPERATION	12	OA. AUTOPSY? (Yes or No	20B. IF YES, WER	E FINDINGS	CONSIDERED	
ERTIFIC	0	WAS PERFORME				No	IN CERTIFYING C	AUSES OF	DEATH?	
CE		IT WAS UNDERLYING	21 B. PL	ACE OF INJURY (e	.g., in or o	bout 21 C. WHERE DID	(If in Baltim	are City, giv	re exoct lacation	
AL		medical examiner NO	home,	torm, toctory, stree	t, office t	ldg., INJURY OCCUR?				
DIC	21 D. TIME	(Month) (Doy) (Year) (Hou) 21 F 16	IJURY OCCURRED		21F. HOW DID INJ	HBY OCCUP?			
ME	OF INJURY	tividitii) tooyi (redi) triod	While		While —	ZIII. NOW DID IN	ORT OCCOR:			
	(APPROX.)		Work	At W						
	22. I certify	that (I) (this haspital) atte	nded the	deceased fram		Oct 1967	19ta	28		19.70 ,
	that (1) (Wg)	last saw the deceased aliv	e an	28th Ju	ıly	1970 and th	at in(my) (XX a	pinian dea	th accurred a	n the date
	and hour and	fram the causes stated abo	ve. (I)	(did no	t) view	the hady after death.				
	23A. SIQNATU		4	Z RA	, , , , ,			23B, DA	TE SIGNED	
	1	mos Anna.	1 st	m	Attending Phys.	Med. Director	Shaff	20/	Dec 70	
	22C BUYOLA	W Cal	100.	DEGREE			Phys. 🗀			
	NAME (T	John John	fact 1	bbon MD	230.	800 Cathed	ral Stree	t Bal	timore	21201
244	BURIAL CREA		24C. NAM	E of CEMETERY OF	CREMAT	ORY 24D. L	OCATION (City; town,		(State)
			D	13 0				2074-	1 3000	M.J
25/	Burial DATE RECO	12-23-70 BY HEALTH DEPT. 258. N	AME OF	kwood Ceme	tery	5C. FUNERAL DIRECTOR	cville	Balto.	ADDRESS	Md.
		no Obes & Lake	de 768	CO DE	2	0 1 1				
7	160 DEV 1/1/1	a distance of the same of the			La	Lassahn Fune	ral Home 7)	101 Be	lair Rd.	21236
Λ.2	150-REV. 1/1/6					A CONTRACTOR OF THE PARTY OF TH				

1	70 1	2490	CERTIFIC	ATE OF DEATH
	TH NO.		0=1(11110)	2, DATE AT
	pe or Print)	3777 3507	713	
3.	PLACE IN SALTIMORE, MARYLAND, WE			4. USUAL RESIDENCE (Whe
3.	Tange in oriented and initial and, the	TERE TROTTE		A. STATE 8. COUN
HC	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	L OR INSTIT	UTION, GIVE STREET	C. CITY OR TOWN
	BOLTON HILL NURSING	CENTER		BALTIMORE
9	DOLION HITE WORLD	OBIVIEN		1.03 S. MACON
				442
5. S		MARRIED		8. DATE OF BIRTH
	F emale W hite	WIDOWED		6-13-92
	USUAL OCCUPATION (Give kind of work) e during most of working life, even if retired)	108, KIND OI	8USINESS OR INDUSTI	RY 11. BIRTHPLACE (State or lore
9011		Homol	coning	MARYLAND
13.	Housewife FATHER'S NAME	Homes	reeping	14. MOTHER'S MAIDEN NA
16	George Prurett Was Deceased Ever in U. S. Armed Force	-2	11.6 \$0.51.61	Catherine Fr
(Ye	s, no or unknown) (If yes, give wor or dates	of service)	SECURITY NO.	
	No		220-46-8382	ADMISSION RECO
	18.		CAUSE OF DEA	TH
z	DISEASES OR CONDITIONS, if a rise to the obove couse (A) UNDERLYING CONDITION lost.	stoting the	(c) OV	better relitions of the little of the consequence of
ATIO	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO TH DISEASE OR CONDITION GIVEN IN PART	E TERMINAL		[20.4 A 1170 DRIVA (V A)]
ERTIFIC	WAS PERFO	ORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or N
CALC	OR CONTRIBUTING CAUSE OF	21E hor etc.	ne, lorm, foctory, street,	office bldg., INJURY OCCUR?
EDI	21 D. TIME (Month) (Doy) (Year) OF INJURY	(Hour) 216	. INJURY OCCURRED	21F. HOW DID IN
2	(APPROX.)	WI	nile At Not W	
	22. I certify that (1) (this haspital)			10/
			/ -	10 73
	that (1) (we) last saw the deceased			dna 1
	and haur and fram the causes state	ed abave. (l) (We) (did) (did nat)	view the bady after deoth.
	23A. SIGNATURE	- 10		Man Alice (CC) Man Alice (CC)
	al mar	an)		ttending Med. hys. Director
	23C. PHYSICIAN'S NAME (Type)		or ones!	23D. ADDRESS
	ALLAN H	MI	ACHT MD	2 E /Level.
24/	A. BURIAL CREMATION, 24B. DATE	24C. N	AME of CEMETERY OF	
	REMOVAL (Specify)	0 -	7.1.1	
25/	Burial 12-23-7	U B	altimore Ceme	TATT
1	A. DATE REC'D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO
1	DEC 2 4 1970 PARA EL	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO
15	DEC 24 1970 Page 2	25B. NAME	of registrar	2 Passahn Fund

M-600 70 12490		TE OF DEATH	REG. NO	70 121.11
I NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	В
(Type of Print)				77.00
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOI		4. USUAL RESIDENCE (WH A. STATE 8. COU	ere deceased lived. If	institution; residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	JTION, GIVE STREET	MARYT AND	D. IN	ISIDE CITY LIMITS?
BOLTON HILL NURSING CENTER	2	BALTIMORE E. STREET AND NUMBER		YES X NO .
70		403 S. MACON	ST.	
F emale 6. RACE White WIDOWED		8. DATE OF BIRTH 6-13-92	9. AGE (In years lost birthde)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF		11. BIRTHPLACE (State or lo	reign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired) Housewife Homek	eeping	MARYLAND		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	
George Prurett		Catherine F	ritznatrick	
5. Was Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	- Luppaul Luk	ADDRESS
No	220-46-8382	ADMISSION REC	ORDS	
18.	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	AND MANAEDIATE CALL	" Porgania		-2 -11 A-
(This does not meon the mode of dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:		
heart failure, astheria, etc. It means the disease, injury or complication which coused death.)				
ANTECEDENT CAUSES	0 0	T. Olita		11100
DISEASES OR CONDITIONS, if any, giving	(8) J-LAL	A CONSEQUENCE OF		yes
rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(c) av	turlente d	Part des	and yeur
		orlerante	uto	neers
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].				
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or I	No. 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF COEATH (notify medical examiner)	ne, form, foctory, street, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(II in Baltim	ore City, give exoct location
OF INJURY	INJURY OCCURRED		IJURY OCCUR?	
W 0		10/1	10 69 40	12 /20 19 73
22. I certify that (1) (this haspital) attended that (1) (we) last saw the deceased alive an	/			
and haur and fram the causes stated abave. (l) (We) (did) (did nat) v	iew the bady after deoth	•	
23A. SIGNATURE				23 B. DATE SIGNED
al mark)	DEGREE Physics	nding Med.	Staff Phys.	
23C. PHYSICIAN'S NAME (Type) ALLAN M	DeGate	23D. ADDRESS 2 E Pend	59 Bel	To MI 2 (21)
24A. BURIAL CREMATION, 24B. DATE 24C. N.	AME of CEMETERY OF CRE		LOCATION	City, town, or county) (State)
	altimore Cemet		Baltimore	Md
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF CO. 1	ALD DO	25C. FUNERAL DIRECTO)	ADUKESS
TEPTA 1010 Second of desired		Lassahn Fune	aral Home 7	101 Belair Rd. 21236



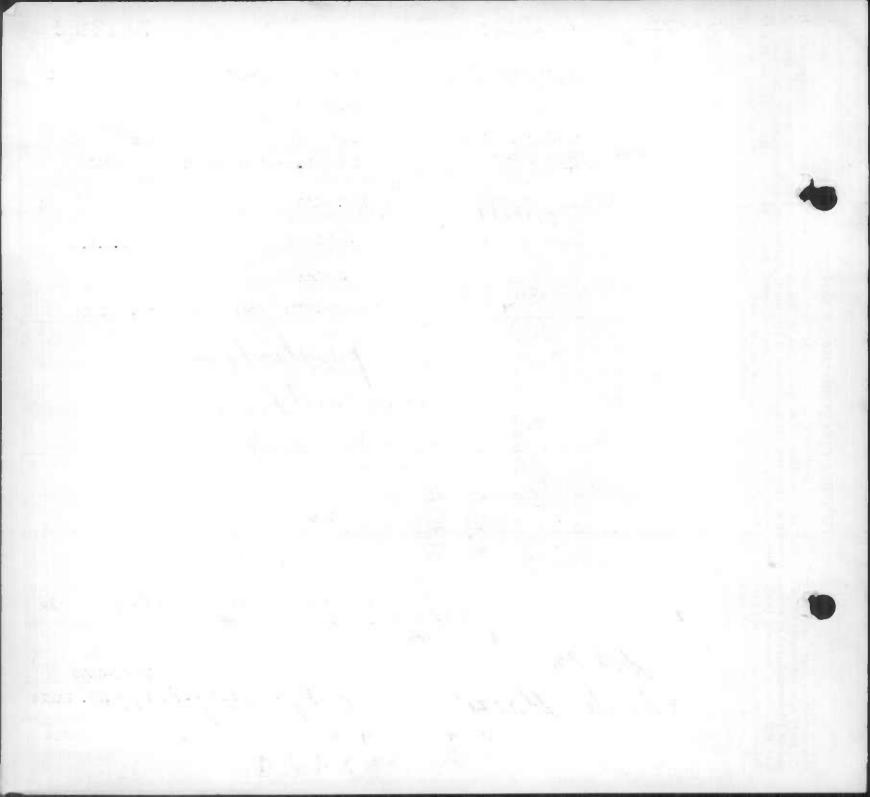
8-13-48 djs	BALTI	MORE CITY HEALTH DEPARTMENT							
7002	0-500 SIRTH NO. 10-22/6/1 12491 CER	TIFICATE OF DEATH REG. NO. 58-13-48							
S + S	I.NAME OF DECEASED Typo of Print	2. DATE AND HOUR OF DEATH							
of d of d Dece on of th	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAL	December 16, 1970 4:25 P. M. December 16, 1970 4:25 P. M.							
1 0 0		A. STATE B. COUNTY							
	FULL NAME OF HOSMIAL OR HOSMIAL O	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
- 7	Baltimore City Ho:	Spita Baltimore YES NO DE NO DE STREET AND NUMBER							
T	4940 LUSTEFFI CO Balt	21224 802 East Preston Street 21202							
contribut termined regular ceased p	Female Negro WIDOWED DIV	ARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Il Under 24 Hrs. Months: Days Haurs; Min.							
	Pemale Negro WIDOWED DIV- 10A, USUAL OCCUPATION (Give kind of work 10R, KIND OF BUSINESS Of the during most of working life, even if retired)	R INDUSTRY 11. BIRTHPLACE (Stote or loreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.							
ded Und as e d	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
rect (4) U wa the ispos									
istant he dir kind; death ce on nal di	5. Was Doceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yos, give wor or doles of service) SECURIT	r No. Ernestine Dumas 17. INFORMANT 4940 Eastern Avenue 49							
25		BCH: Records Baltimore, Maryland 21224							
s and	18. CAUSE DISEASE OR CONDITION DIRECTLY	OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
Also Also of noun atte	LEADING TO DEATH	MEDIATE CAUSE Adulte Reslinatory							
er. / er. / er. / pron lar e	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.)	E TO, OR AS A CONSEQUENCE OF:							
in a part	ANTECEDENT CAUSES	distress.							
examexam 3) A f n who	DISEASES OR CONDITIONS, if any, giving	E TO, OR AS A CONSEQUENCE OF:							
JE SE	underlying condition last. (c) PREMS for I								
medical medical burns; physicia an was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).								
F . Q 0		ATION 20A. AUTOPSYNITES OF No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
	19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERA WAS PERFORMED	YES							
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN home, form, factor of DEATH (notify medical examined)	IJURY (e.g., in ar about 21 C. WHERE DID (If In Boltimare City, give exact location) ry, street, office bidg., INJURY OCCUR?							
hospita nature; sept whe d (6) No ained be	21D. TIME (Month) (Doy) (Your (Hour) 21E, INJURY OCC								
proved the hos iny natu except and (6)	(APPROX.)	Not While At Work							
G + E 0 0 0	22. I certify that (I) (this hospital) attended the deceased								
ased to dent of a spital (death);	and hour ond fram the couses stated abave. (*) (We) (did)	and that In (my (our) opinion death occurred on the date							
eased to ident of hospital o death)	23A. SIGNATURE	23R, DATE SIGNED							
	23C. PHYSICIAN'S	Attending Phys. Director Phys. December 16, 1970							
certificate moody was related. S: (1) An acc. D.O.A. at a lassed prior to	PAVERDO MEZZI	DEGREE 4940 Eastern Avenue Byltimbre, Marylar							
E = 0 0 _ 1	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEME 12/17/70 BALITIMORE	TERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stotal							
This certif the body shows: (1) was D.O deceased written a	5A, DATE REC'D BY HEALTH DEPT. 25R NAME OF REGISTRAR	BALTIMORE, MARYLAND 21224							
This the bank was dece	DEC 24 1970 R.C. CE JULY NO	O 2 2 HOSPUTAL DISPOSAL ADDRESS							
	5 150-REV. 1/1/68								

Meete Copialing PREAS forthy. IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death of tred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68

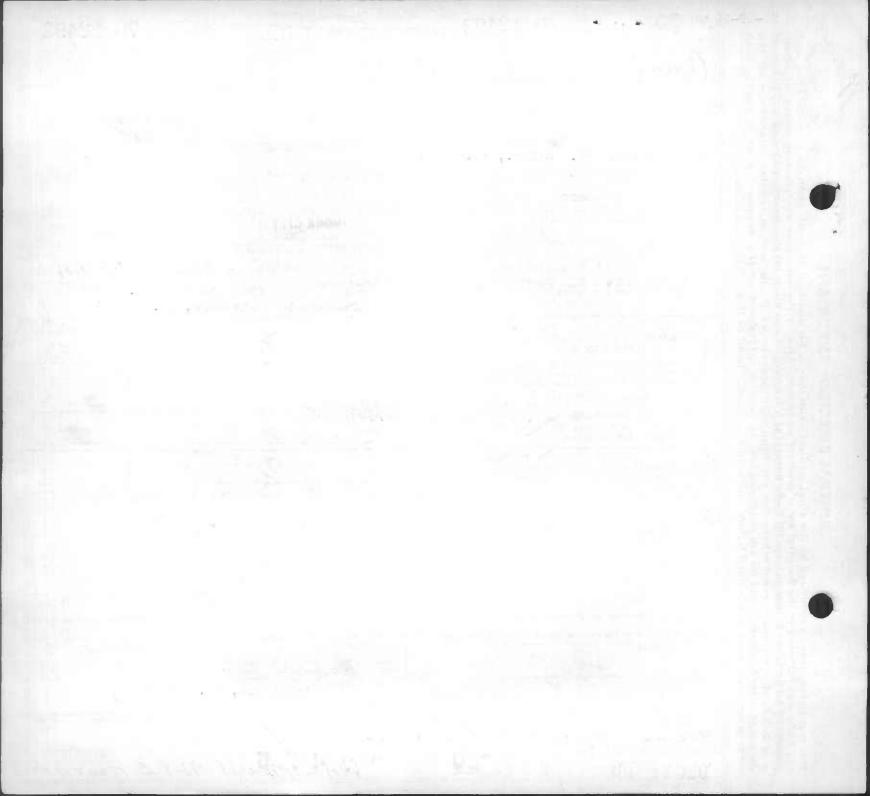
	A.		BALTIMOPE CITY	HEALTH DEPARTMEN	IT.	
5-516	2 70	12492		TE OF DEAT		70 12492 7
BIRTH NO.	10-22/2/		CERTIFICA			
(Type or Print)	S-3 21 6	BAR	41 1 Same	diam I	TE AND HOUR OF DEAT	
3. PLACE IN BA	ALTIMORE MARYLAND, V	VHERE PRONOL	INCED/DEAD	12.	-15-1970	institution: residence before admission)
				Ma STATE	COUNTY	institution: lesidence before admission)
HOSPITAL OR	ADDRESS OR LOC	AL OR INSTITU ATION)	JTION, GIVE STREET	Maryland		808
NOTTUTTEN	D 144 C4	4		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
3/	Baltimore Ci 4940 Eastern		itals	Baltimore E. STREET AND NUMB	BER	YES X NO
	Baltimore, Mar	ryland	21224		urham Street	21213
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours lost birthday)	Il Under 1 Ys. Il Under 24 Hrs. Months Doys Hous Min.
Male	Negro	WIDOWED		12-15-1970		54
done during most o	CUPATION (Give kind of world working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
				Maryland		
13. FATHER'S NA	AME			14. MOTHER'S MAIDEN	INAME	U.S.A.
				7		
15. Wes Decease	d Ever in U. S. Armed For	ces?	1 6. SOCIAL	Janice 17. INFORMANT		ADDRESS
tros, no or unknow	n) (If yos, give wor or dote	s of sorvicel	SECURITY NO.	Posenda - PCII -	4040 7	
18.			CAUSE OF DEATH	Records: BCH:	4940 Easter	
DISEA	SE OR CONDITION DI	DECTI V	ONOSE OF DEATH		,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
0.50.	LEADING TO DEATH	VEC 1 L 1		- houset	1412	
(This does	not meon the made of	dying, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	oury of	***************************************
injury or ca	, asthenia, etc. It means mplication which caused	the disease, death.)		7		
	ANTECEDENT CAUSES		/h us	a furit	/	
DISEASES	OR CONDITIONS, If	any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the	e above cause (Al	slaling the				
ONDERLIN	G CONDITION last.		(C)			***************************************
Z OTHER SIGNI	FICANT CONDITIONS CO	NITOIDILITING				
TO THE DEA	TH BUT NOT RELATED TO THE	IE TERMINAL	***************************************			
O OTHER SIGNI TO THE DEA DISEASE OR O 19A. DATE O	F OPERATION 198. CON	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES WERE	FINDINGS CONSIDERED
THE STATE OF THE S	WAS PERF			YES	IN CERTIFYING C	AUSES OF DEATH?
OR CONTRIR	NT WAS UNDERLYING UTING CAUSE OF	216,1	PLACE OF INJURY le.g., in form, foctory, street, off	or obout 21C, WHERE DI	D (If In Boltime	ore City, give exoct location)
DEATH (notify	medical examiner	etc.)	, torin, lociory, sireet, or	ica olade IMIRKI OCCA	Kr	
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID	INJURT OCCUR?	
(APPROX)		White	e At Not While			
22. Legetify	that (!) (this hospital			12/14	70	
) last saw the decease			1-6-1-6-7	19 <u>/O</u> to	1910
			/ / / /	0 19 / 0 and	d that In (167) (our) ap	Inion death occurred an the date
23A. SIGNAT	d from the causes stat	ed above.	(We) (dld) (dth set) vi	ew the bady after dea	ith.	
POOL STORAGE	11470	,	Attan	ding Med.	- S-# -	238, DATE SIGNED
23 C. PHYSICIA	10000		DEGREE Phys.	Director L	Phys.	12-15-1970
NAME (Typel	11	2	3D. ADDRESS 4940.	Eastern Ave B	61+1more Md 21224
E	durydo 1	1323	Z/ DEGREE	CITY	Plas Fig	altimore, Md. 21224
24A. BURIAL CRE REMOVAL (MATION, 248, DATE		ME of CEMETERY OF CREA	,		ity, town, or county! (Stole)
Cremated	12//17-70	Bal	timore City H	ospitals	Baltimore, 1	Maryland 21224
2SA. DATE REC'D	BY HEALTH DEPT.	25R NAME DE	REGISTAR	25C FUNERAL DIALC	TOP-	ADDRESS
DEC 2	4 1970 Galant	and done of	3 3 4	A HO	SHITAL DIS	POSAL



00	N	5	1_	ab_	
FUNERAL DIRECTOR: IMPORTANT OF THE STANDARD	occurred in a hospital and it	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased of	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such to written approval must be obtained before the remains are embalmed or final disposition is made.	
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APC	his o	of an	unce	end o b	
~	r 0 r	ure c	onor	alme	
FUNERAL DIRECTOR: IMPORTANT	nine	ract	o br	gula	
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DIR	ical	ns; (s	ician	as ii	
MA	med	bur	physi	rem rem	
NER	hief	ody	he F	the	
F	he c	(2)	are t	phy	
	by	Ure;	whe	No Pa	
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	rtific	3	O.A.	d pe	
	S CO	SWS:	Is D.	itter	
	Th	she	W	e ×	

BALTIMORE CI	TY HEALTH DEPARTMENT
BALTIMORE CERTIFIC	ATE OF DEATH REG. NO. 70 12493
Type-Brown Loberts DARRELL (PARY	2, DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission) A, STATE B, COUNTY
FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	BALTINORE YES DINOT
BAITIMORE CITY MOSPITALS A940 Eastern Ave. Balto., Md. 21224	E. STREET AND NUMBER 6208 A LUMORE WAY 21224 007
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	7-31-56 Idea difficacy) 14 Months Doys Moors
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTI done during most of working life, even if retired)	
13. FATHER'S NAME	Maryland USA
FRANK LUCAS	MAGIE G. ROBERTS BROWN
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT 4940 Eastern Ave. ADDRESS
	BCH-Records Baltimore, Md. 21224
DISEASE OR CONDITION DIRECTLY	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	AUSE CARDIAC ARREST INMEDIATE
heort failure, asthenia, etc. It means the disease.	S A CONSEQUENCE OF:
ANTECEDENT CAUSES	
1 1 1	SACONSEQUENCE OF:
rise to the obove cause (A) toling the UNDERLYING CONDITION last.	S. S

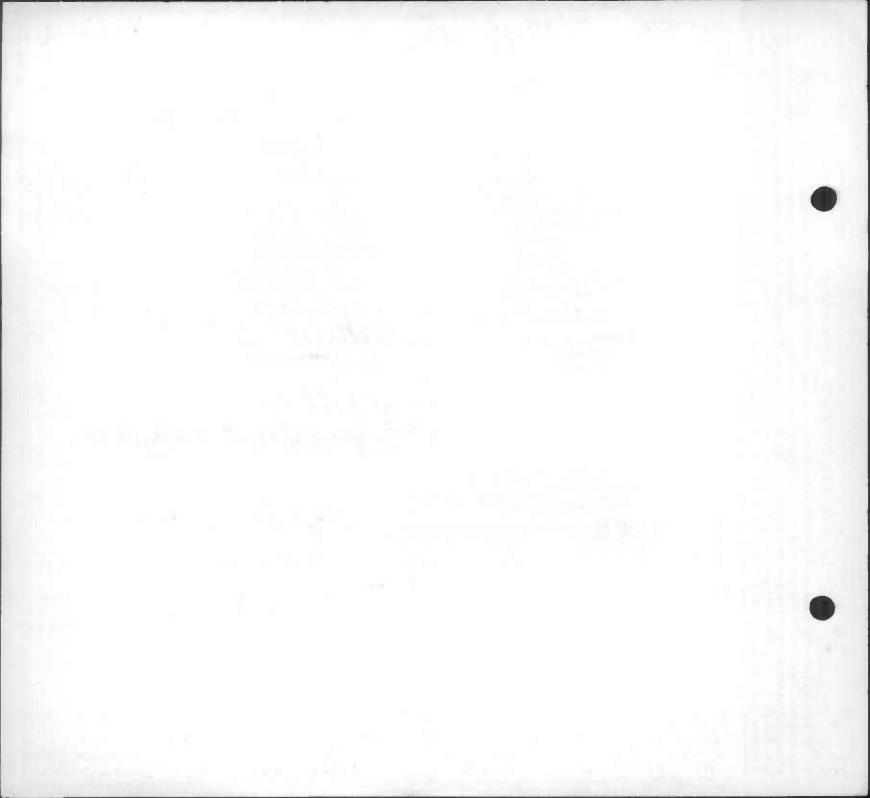
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IT TO THE DEATH BUT NOT RELATED TO THE TERMINAL A DISEASE OR CONDITION GIVEN IN PART 1 (A).	
194-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED. 12-10/16-70 WAS PERFORMED. 21A ACCIDENT WAS UNDERLYING TO THE PLACE OF INTURY (4.0.)	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g.	Yes in or obout 21 C. WHERE DID (If In Berlimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, farm, fociory, street, etc.	2707 block of Carters We at General
Q 21D. TIME (Month! (Doy) (Year (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) 12 10 70 71 White At Work At Work	ile D 21E. HOW DID INJURY OCCUR? Child prince on
	12-10-70 19 to 12-22-70 19 44
	and that in (my) (aur) apinian death accurred on the date
and have and from the causes stated above. (i) (We) (did) (did not)	
23A. SIGNATURE	23B, DATE SIGNED
DEGREE Ph	
NEGRI, FRANCISCOT, MIN	23D. ADDRESS Baltimore, Md 1 21224 BCH
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CI	
BURIAL 12/28/70 MH Aubum C	em. Balto 171.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR
DEC 24 1978 Result & Jacks & M. D. vs 150-REV. 1/1/68	WINE MARCH 928 E NORTH AVE



FUNERAL DIRECTOR: IMPORTANT

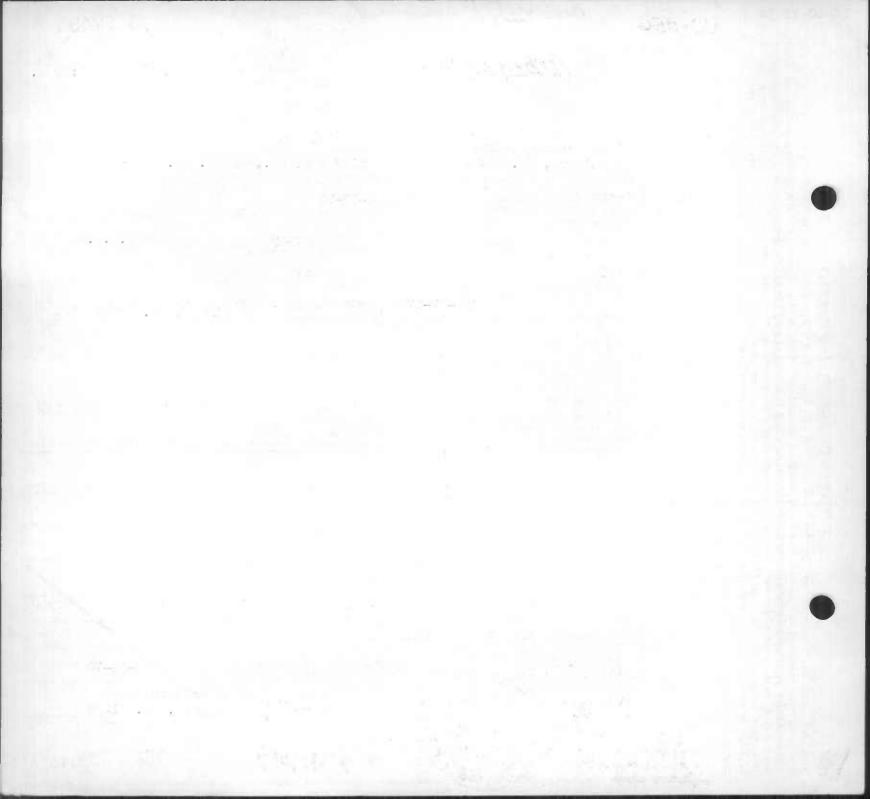
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

S-52/ 70 12494		HEALTH DEPARTMENT	REG. NO	70 12494
1. NAME OF DECEASED (Typo or Print)	0	2. DATE AND	HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	SED DEAD	12/2/	170 4:50	Stilution: residence before admitsion
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	A. STATE B. COUNT	Baltimore	0 - 1
South Bultimora General Haspital		E. STREET AND NUMBER		YES NO
Baltimore, Maryland 2123	٥	3471 Chi	lds court	
WIDOWED	DIVORCED	9-17-26	ost birthdoyl	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU done during most of working life, even if retired)	SINESS OR INDUSTRY	1. BIRTHPLACE (Stote or foreig	n country!	12. CITIZEN OF WHAT COUNTRY?
Operator		da		US
Otis Singfield		4. MOTHER'S MAIDEN NAM	skins	
	SOCIAL	7- INFORMANT	277710	ADDRESS
Yes 14W11 2	SECURITY NO.	MRS Sarah S	ingticld.	3471 Childs Ct
OR CONTRIBUTING CAUSE OF home, felc.)	(B) DUE TO, OR AS A (C). CHOPERATION CHOPERATION CE OF INJURY (e.g., in	E CONSEQUENCE OF:	208. IF YES, WERE FIN CERTIFYING CA	SINDINGS CONSIDERED
(APPROX.) While A	Not While			
22. I certify that (W (this hospital) attended the certification (W (we) lost saw the deceased alive on and haur and from the causes stated above. (i) (W 23A. SIGNATURE	eceased from	19 76 and that		12/21 19 70 nan death accurred on the date
23C. PHYSICIAN'S NAME (Type)	DEGREE Phys.	D. ADDRESS	haff hys.	
REMOVAL (Specify)	of CEMETERY of CREN	0. 11	cation (cit	y, town, or county) (Stote)
25A. DATE REC'D BY REALTH DEPT. 258. NAME OF R		25C. FUNERAL DIRECTOR		ADDRESS
DEC 2'4 1970 Public & Jackson N. vs 150-REV. 171/68	2	WM CIMBA	14 92	8 E North Acc



0-	23	js		
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death when the contributing cause of the contributing caus	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	Written approval must be obtained before the remains are embalmed or final disposition is made.

(Type or Print)	DECEASED	, -		2. DATE	AND HOUR OF DEAT	Н
	Mr. il	PLTE	Edwarner		12-2	
3. PLACE IN	BALTIMORE, MARYLAND, V	WHERE PRONC	UNCED DEAD	4. USUAL RESIDENCE (VA. STATE	Where deceased lived, II	institution: residence befare admissia
FULL NAME	OF (IF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	Maryland	,01111	2.3-1
HOSPITAL OR				C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
21	Baltimore			Baltimore		YES K NO
2/	4940 Easte			E. STREET AND NUMBER	·	
5. SEX	Baltimore.				., Balto. Md	• 21230
	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	Months Days Haurs Min.
Male	Negro	WIDOWED	DIVORCED _	4-19-97	/ 5	
done during most	CCUPATION (Give kind of war of working life, even if refired)	IN IOR KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	lareign cauntry)	12. CITIZEN OF WHAT COUNTR
				New Jersey	,	U.S.A.
3. FATHER'S N	IAME			14. MOTHER'S MAIDEN	NAME	000000
	Charlie			Mary		
5. Wes Deceas	ed Ever in U. S. Armed Forward (If yes, give wor ar dole	rces?	16. SOCIAL	17. INFORMANT		ADDRESS
esting of ourtho	Ani (1) Agy dive Mot di dole	es of solvice)	SECURITY NO. 219-07-1775	BCH Records:	4940 Easte	
18.	000		CAUSE OF DEATH		Baltimore,	Md. 21224
UNDERLY	the obove couse (A) NG CONDITION last	stuting the		The second secon		
	II VIFICANT CONDITIONS COL	HE TERMINIAL	(C)	CHF		
	11	HE TERMINAL IT 1 (A).		20A. AUTOPSY? (Yes or		FINDINGS CONSIDERED
OTHER SIGN TO THE DE DISEASE OR 19A. DATE	II AIFICANT CONDITIONS COLORATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART OF OPERATION 19% CONWAS PERF	HE TERMINAL IT 1 (A). IDITION FOR Y FORMED	VHICH OPERATION	NO	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGN TO THE DE DISEASE OR 19A. DATE	II AIFICANT CONDITIONS COI ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR OF OPERATION 198. CON	HE TERMINAL IT 1 (A). IDITION FOR V FORMED	VHICH OPERATION PLACE OF INJURY (e.g., in e.g. form, foctory, stroet, off		IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? ore City, givo exoct lacation)
OTHER SIGN TO THE DE DISEASE OR 19A. DATE	III IIII ON THE PROPERTY OF T	HE TERMINAL (I) 1 (A). IDITION FOR V FORMED 218, hom etc.)	PLACE OF INJURY (e.g., in e.g., form, foctory, street, off	NO NO	(If In Boltime	AUSES OF DEATH?
OTHER SIGN TO THE DE DISEASE OR 19A. DATE	II IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	HE TERMINAL (I) 1 (A). IDITION FOR V FORMED 218, hom etc.)	PLACE OF INJURY (e.g., in e, farm, factory, street, offi	NO or obout 21C. WHERE DID INJURY OCCUR?	(If In Boltime	AUSES OF DEATH?
OTHER SIGNO TO THE DE DISEASE OR DISEASE OR DISEASE OR CONTRIDED OR CONTRIDED OF INJURY (APPROX.)	II IIFICANT CONDITIONS COL ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR OF OPERATION 198 COM WAS PERF BUTING CAUSE OF ify modical examined (Month! (Doy! (Year)	HE TERMINAL (I) 1 (A). IDITION FOR V FORMED 218, hom etc. (Houd) 21E, Whi	PLACE OF INJURY (e.g., in e.g. form, factory, street, officially o	NO or obout 21C. WHERE DID INJURY OCCUR?	IN CERTIFYING CA	AUSES OF DEATH?
OTHER SIGN TO THE DE DISEASE OR 1974. DATE OF 21A. ACCID OR CONTRI DEATH (not 21D. TIME OF INJURY (APPROX.)	II IIFICANT CONDITIONS COL ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR OF OPERATION 19 & CON WAS PERF PENT WAS UNDERLYING BUTTING CAUSE OF Ify modical examines (Month! (Doy! (Year) Ty that (1) (this hospital)	HE TERMINAL (I) 1 (A). IDITION FOR V FORMED 218, hom etc. (Houd) 21E, Whi Wor	PLACE OF INJURY (e.g., in foctory, street, offi	NO or obout 21C, WHERE DID ico bidg., INJURY OCCUR?	IN CERTIFYING C	ore City, give exect location)
OTHER SIGN TO THE DE DISEASE OR 19A. DATE OF OR CONTRU DEATH (not of INJURY (APPROX.) 22. I certif that (X) (we	II IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	HE TERMINAL IT I (A). IDITION FOR V FORMED 218, hometc.] (Hour) 21E, Whit Word attended the daily on	PLACE OF INJURY (e.g., in e., farm, factory, street, offinitions) INJURY OCCURRED At At At Work At Work At Work At At Work At At Work At A	NO or obout 21C, WHERE DID injury occur? 21F. How DID II	IN CERTIFYING CA	ore City, give exect location)
OTHER SIGN TO THE DE DISEASE OR 19A. DATE OF OR CONTRU DEATH (not of INJURY (APPROX.) 22. I certif that (X) (we	II IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	HE TERMINAL IT I (A). IDITION FOR V FORMED 218, hometc.] (Hour) 21E, Whit Word attended the daily on	PLACE OF INJURY (e.g., in e., farm, factory, street, offinitions) INJURY OCCURRED At At At Work At Work At Work At At Work At At Work At A	NO or obout 21C, WHERE DID injury occur? 21F. How DID II	IN CERTIFYING CA	ore City, give exect location) 12, 2, 3, 19, 7, 3, intended to the date
OTHER SIGN TO THE DE DISEASE OR 19A. DATE OF OR CONTRIBUTION OF INJURY (APPROX.) 22. I certif that (X) (we and hour of the contribution of the co	II IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	HE TERMINAL IT I (A). IDITION FOR V FORMED 218, hometc.] (Hour) 21E, Whit Word attended the daily on	PLACE OF INJURY (e.g., in e, form, foctory, street, off INJURY OCCURRED INJURY OCCURRED At Work At Work A deceased from A Mr. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NO or obout 21C. WHERE DID ico bidg., INJURY OCCUR? 21F. HOW DID II	IN CERTIFYING CA	ore City, give exect location) 12 / 2 3 19 7 3 11 11 11 11 11 11 11 11 11 11 11 11 1
OTHER SIGN TO THE DE DISEASE OR DISEASE OR 21A. ACCID OR CONTRI DEATH (not DE	II IIFICANT CONDITIONS COL ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR OF OPERATION 19 R. COM WAS PERF BUTING CAUSE OF ify modical examines (Month! (Doy! (Year) (y that (1) (this hospital) (y) last saw the decease and from the causes statifure	HE TERMINAL IT I (A). IDITION FOR V FORMED 218, hometc.] (Hour) 21E, Whit Word attended the daily on	PLACE OF INJURY (e.g., in foctory, street, offing the street, of the street, offing the street, offing the street, of the street, o	NO or obout 21C. WHERE DID ico bidg., INJURY OCCUR? 21F. HOW DID II 19 7 a and ew the bady ofter death ding Med. Director	IN CERTIFYING CA	inton death occurred on the date 12-23-70
OTHER SIGN TO THE DE DISEASE OR 19A. DATE OF OR CONTRIBUTION OF INJURY (APPROX.) 22. I certif that (X) (we and hour of the contribution of the co	II IIFICANT CONDITIONS COL ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR OF OPERATION 19R COM WAS PERF BUT WAS UNDERLYING BUTING CAUSE OF Ify modical examines (Month! (Doy! (Year) Ify that (1) (this hospital) Ify that (2) (this hospital) If the causes state IURE A F G IAN'S I AN'S I A	HE TERMINAL (TI 1 (A). IDITION FOR V FORMED 21 E. hom etc.) (Hour 21 E. Whi Wor 1) attended the dailve on	PLACE OF INJURY (e.g., in foctory, street, offing the street, of the street, offing the street, offing the street, of the street, o	NO or obout 21C. WHERE DID ico bidg., INJURY OCCUR? 21F. HOW DID II	IN CERTIFYING CA	inton death occurred on the date 12-23-70 ern Avenue
OTHER SIGN TO THE DE DISEASE OR 19A. DATE OF THE DESTRUCTION OF THE DE	II IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	HE TERMINAL (TI 1 (A). IDITION FOR V FORMED 21 E. hom etc.) (Hour 21 E. Whi Wor 1) attended the dailve on	PLACE OF INJURY (e.g., in e, farm, factory, stroet, off INJURY OCCURRED le At At Work At Work At Work (e.g., in Attention of the Attention	NO or obout 21C. WHERE DID ico bidg., INJURY OCCUR? 21F. HOW DID II 19 74 and ew the bady ofter deoth ding Med. Director D 3D. ADDRESS	IN CERTIFING CA	inton death occurred on the date 12-23-70 ern Avenue Md. 21224
OTHER SIGN TO THE DE TO THE DE DISEASE OR DISEASE OR 21A. ACCID OR CONTRI DEATH (not 21D. TIME OF INJURY (APPROX.) 22. I certif that (X) (we and haur a 23A. SIGNAT	II IIFICANT CONDITIONS COL ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR OF OPERATION 19 R. COM WAS PERF BUT WAS UNDERLYING BUTING CAUSE OF Ify modical examines (Month! (Doy! (Year! (Month! (Doy! (Year! (Month! (This hospital) (Month! (Doy! (Year! (Month! (This hospital) (Month! (This	HE TERMINAL (TI 1 (A). IDITION FOR V FORMED 21 E. hom etc.) (Hour 21 E. Whi Wor 1) attended the dailve on	PLACE OF INJURY (e.g., in e., form, foctory, street, officially, s	NO or obout 21C. WHERE DID ico bidg., INJURY OCCUR? 21F. HOW DID II 19 7 a and ew the bady ofter deoth ding Med. Director D 3D. ADDRESS AATORY 24D.	IN CERTIFING CA	inton death occurred on the date 12-23-70 ern Avenue
OTHER SIGN TO THE DE DISEASE OR 19A-DATE OF 19A-DATE O	II IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	HE TERMINAL IT I (A). IT I (A). IDITION FOR V FORMED 21E, hometc.) (Hour) 21E. Whit Word At alternded the dalive on the do bove. Ox	PLACE OF INJURY (e.g., in foctory, street, offinger, form, foctory, form, foctory, form, f	NO or obout 21C. WHERE DID ico bidg., INJURY OCCUR? 21F. HOW DID II 19 7 and ew the bady ofter deoth ding Med. Director D 3D. ADDRESS B C H MATORY 24D. ACTORY A	IN CERTIFING CA	inton death occurred on the da 238 DATE SIGNED 12-23-70 ern Avenue Md. 21224 ity, town, or county! (State)
OTHER SIGN TO THE DE DISEASE OR 19A-DATE OF 19A-DATE O	II IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	HE TERMINAL (TI 1 (A). IDITION FOR V FORMED 21 E. hom etc.) (Hour 21 E. Whi Wor 1) attended the dailve on	PLACE OF INJURY (e.g., in foctory, street, offinger, form, foctory, form, foctory, form, f	NO or obout 21C. WHERE DID ico bidg., INJURY OCCUR? 21F. HOW DID II 19 7 and ew the bady ofter deoth ding Med. Director D 3D. ADDRESS B C H MATORY 24D. ACTORY A	IN CERTIFING CA	inton death occurred on the da 23R DATE SIGNED 12-23-70 ern Avenue Md. 21224 My town, or county! (State)
OTHER SIGN TO THE DE TO THE D TO	II IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	HE TERMINAL IT I (A). IT I (A). IDITION FOR V FORMED 21E, hometc.) (Hour) 21E. Whit Word At alternded the dalive on the do bove. Ox	PLACE OF INJURY (e.g., in foctory, street, offinger, form, foctory, form, foctory, form, f	NO or obout 21C. WHERE DID ico bidg., INJURY OCCUR? 21F. HOW DID II 19 7 and ew the bady ofter deoth ding Med. Director D 3D. ADDRESS B C H MATORY 24D. ACTORY A	IN CERTIFING CA	inten death occurred on the de 238 DATE SIGNED 12-23-70 ern Avenue Md. 21224



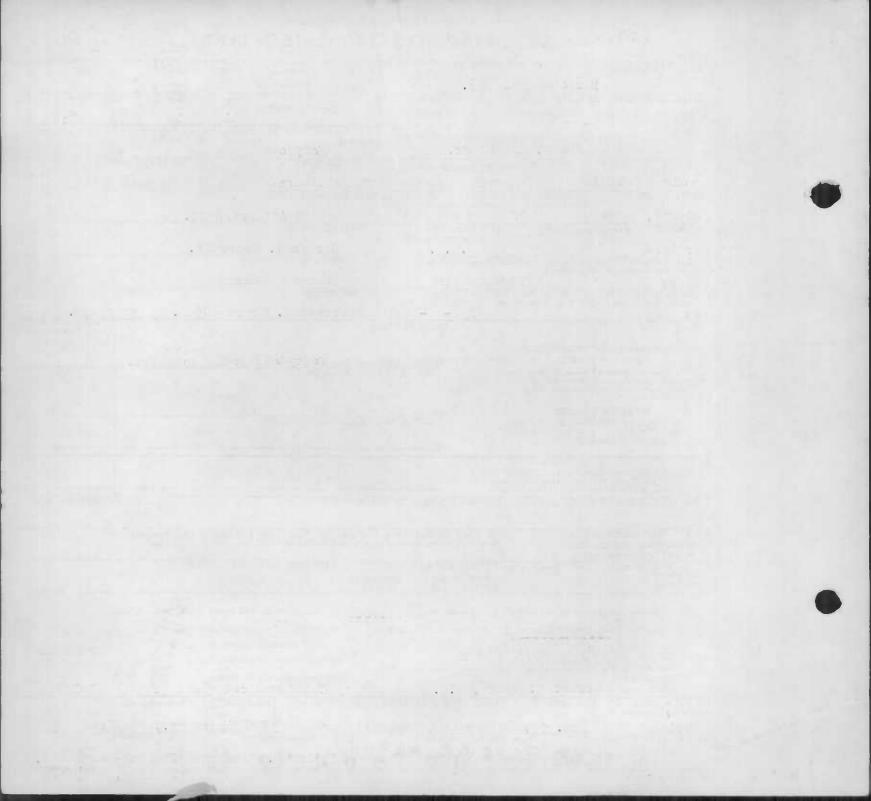
VS 150-REV. 1/1/68

A BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO. 70 12496 CERTIFICA	ATE OF DEATH REG. NO.
1. NAME OF DECEASED (Type or Print) A A V V	2. DATE AND HOUR OF DEATH 2000000000000000000000000000000000000
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A, STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
INSTITUTION	Battemore YEST NOT
Park Hill Nursing Home	E. STREET AND NUMBER (802 6 (TAW P)
5. SEX 6. RACE / 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
WIDOWED DIVORCED	8-7-77
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR) done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
UNKNOWN	UNKnown America
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Littleton Curley	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, nd of unknown) (If yes, give wor or doles of service) SECURITY NO.	17. INFORMANT ADDRESS
NU 220.548484	Chart,
18. CAUSE OF DEA	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	
(A) IMMEDIATE CA	USE DONO PROPRIOMONIA OF
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	A CONSEQUENCE OF:
ANTECEDENT CAUSES	
(B)	S A CONSEQUENCE OF:
rise to the above cause (A) stating the	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g.,	in as about 23 C. William P. D. D. William C.
OF CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR? (If In Boltimore City, give exact lacotion)
OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work Not What Work	
22. I certify that (I) (this hospital) attended the deceased from	7) bying 1976 10 200 00 1960
that (1) (we) lost sow the deceased alive on QDD D	ond that in(my) (our) opinion death occurred on the date
and hour and from the causes stated above. (1) (We) (did) (did not)	view the body after deoth.
23A. SIGNATURE	23B. DATE SIGNED
DEGREE Ph	ys. Director Phys. D
23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS
J HUILA M. DEGREE	22148 tay MI 21231
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CE	EMATORY 24D. LOCATION (City, town, or county) (Stote)
4	emetry A A County M
25A. DATE REC'D BY HOALTH DETT. A 225K HANG OF GENETRAR	25C. FUNERAL DIRECTOR ADDRESS
TIET US THAT	Adolphus Halstead 1206 W "orth AVe

No other Address optainable.

70 12497 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 70 12497

BIR	TH NO.		MILL	ICAL	EXAMII VER O	CERTIT	CAIL OI	DLAI	REG. NO.			
-	NAME OF DEC	EASED				II2. DATE	Known K	Manth	Doy	Year	Hour	
(Typ	e ar Print)		erman	Moor	e Jr.	OF	Estimated					
A J	DI ACE IN BALL				ONOUNCED DEAD	3. DATE	2311112100	Month	Day	Yeor	Hour	<u>M.</u>
	L NAME OF				MUTION, GIVE STREET		UNCED DEAD			1601	11001	
HO	SPITAL INSTITUTION	ADDRE	SS OR LOCA	TION)	MOTION, OIVESTREES	6 1161141	ECIDENICE (VA	12	26	70	12:00	
/			524 S.	Bet	hel St.	A. STATE	Maryland	e deceased li	B. COUNTY	XX) /	2
6.	EX	7. RACE		S. MADD	ED NEVER MARRIED	C. CITY O			D. INSIDE CI	TY LIMITS?	X . C	
	male	white	P	WIDOW		Ra 1	timore			ES 🔀	ш. П	
0 1	ATE OF BIRTH		ITO. AGE (In		If Under 1 Yr. If Under 24 Hr	نقنت والمسال الراء	AND NUMBER		Y	F2 [W]	ио Ц	
	uly 21,		last birthdo		Months Days Haurs MI		1634 Alic	oanna	C+			
	BIRTHPLACE (S		n country)	33	12. CITIZEN OF	13. FATHER		eanna	SE.			
	aryland	tote dr toreig	in edunity)		WHAT COUNTRY?		erman J. N	loore s	in.			
14A	USUAL OCCU	PATION (Giv	e kind of work	14B. KIND	OF BUSINESS OR INDUST	RY 15. MOTH	R'S MAIDEN NA	ME	71.			
done	during most of w	orking life, ev	en if retired)									
	elder				truction		heresa Joh	nson				
16.	WAS DECEASE, no ar unknown)	D EVER IN	U.S. ARMED	FORCES	? 17. SOCIAL SECURITY NO.	18. INFOR	MANT		Al	DDRESS		
	es	(ii yes, give v	WOI OF GORES	or service	219-30-1691	Lawr	ence W. Mo	ore 40	3 N. Lu	zerne	Ave.	
_	19.	1 01			CAUSE OF DE					A	PPROXIMATE INT	
	0/	110								BETY	WEEN ONSET AN	D DEATH
			MON DIRE	CTLY								
		LEADING TO			(A)IMMEDIAT		Fatty alt	eratio	n of liv	ver		
	heart lailure.	al mean the asthenta, elc	made of dy . It meons the	Ing, e.g., disease,	DUE TO, O	R AS A CONSE	QUENCE OF:					
	injury ar com	plication whi	ch caused dec	ih.)								
			11									
		NTECEDENT			(B) DUE TO C	R AS A CONSI	OHENCE OF					
	RISE TO THE	ABOVE CA	ONS, IF ANY	GIVING	שלב וט, ט	K AS A CONSI	QUENCE OF:					
7	UNDERLYIN	G CONDIT	ION LAST.		(c)							
õ					(0)							
A	OTHER SIGN	IEICANT CON	NDITIONS CO	NIBIRIT	ING							
CERTIFICATION	TO THE DEA	ITH BUT NOT	RELATED TO	THE TERM	INAL							
1			GIVEN IN P									
ER	20A. DATE OF	OPERATION	4 508' COL	MOIIION	FOR WHICH OPERATION	WAS PERFOR	MED			21. AUTC	OPSY? (Yes or	Na)
O	2									Ves		
₹	22A. EXTERI	VAL CAUSE	WAS		228. PLACE OF INJURY (e.	g., In or about	22C. WHERE DID	(If In Baltima	re City, give exc	ect location)		
EDIC	UNDERLYING				home, farm, foctory, street, o	fice bldg., etc.)	NJURY OCCUR?					
ME	UTING CAL			\ (1)	1 John thinting to Couldness		225 1101110 10 10	IIIINY OCC	1100			
~	OF INJURY	Manth) (D	Day) (Year	(Hou	22E, INJURY OCCURRE		22F. HOW DID IN	IJURI OCC	UKI			
	(APPROX.)					WORK WORK						
	23.											
	I certi	Ify that I h	eld on I	nquiry [Inspection	utopsy	ond that on t	this basis,	death In my	opinion		
	result	ed from: N	laturol cau	F 202	Accident Sule	Ide H	omicide 🗌	Undetermi	ned manner	7		
		1		1			CHIEF MEDICAL					
	ACTUAL	1100	1 112	// .	1/1				H		DATE SIGN	ED
	SIGNATU	JRE LLL	Jul 1		N	LD. ASS	ISTANT MEDICAL	EXAMINER				
	EXAMINI	ER'S			1->		CIATE MEDICAL					
L.	NAME (T	ype) We	erner l	J. Sp:	Ltz, M.D.	Deputy	Chief Med				12/26/7	0
	A. BURIAL CREA MOVAL (Specif		248. DATE		24C. NAME of CEMETER	Y or CREMAT	ORY 24D.	LOCATION	(City, town	n, or county) (State	e)
	Burial		Dec. 2	9. 70	Moreland Memo	rial Pa	rk B	altimo	re Co., i	Marvla	and	
	DATE REC'D	BY HEALTH	DEPT	258 N	AME OF REGISTRAP	250	FUNERAL DIRECT			DDRESS	-2.400	
		0	4070	00	2 C Za Qu. MED	1						
		FC20	B/U	Jober	E. Jaber, K. R.	2 OWi	lliam En	ohnsor	1 8521 L	och Re	aven Bly	V .
VS	151-REV. 1/1/68								Baltim	ore.	aryland	1 7
												harm



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

HBD

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. 12930	CERTIFICA	ATE OF DEATH REG. N	0. 70 12498
(Type or Print) GETTER	RMAN, WILLIAM EDWA	ARD 2. DATE AND HOUR OF D	
3. PLACE IN BALTIMORE, MARYLAND, V	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed live	
FULL NAME OF (IF NOT IN HOSPIT HOSPITAL OR ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET ATION	MARYLAND BALTIMOF	
	NES HOSPITAL	BALTIMORE	YES NO N
70		E. STREET AND NUMBER	F 0 0 0
E apy		49 N. PROSPECT AVE.	5500
S. SEX MALE WHITE	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In year lost birthdoy) 7-7	s II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of worldone during most of working life, even if refired)	108, KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Slole or foreign country)	12. CITIZEN OF WHAT COUNTRY
PAINTER	CONSTRUCTION	MARYLAND	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
WILLIAM A. GETTERM		ELIZABETH()
15. Was Deceased Ever in U. S. Armed For (Yes, no or unknown) (III yes, give war or date	rces? 16. SOCIAL SECURITY NO. 214036971	ST. AGNES HOSPITAL R	
18.	CAUSE OF DEAT		
DISEASE OR CONDITION DI			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH		use Preunia	do
(This does not mean the mode of heart laiture, asthenia, etc. It means	dying, e.g., (A) IMMEDIATE CAI	A CONSEQUENCE OF:	
injury or complication which caused			
ANTECEDENT CAUSES		CVA	Chus
DISEASES OR CONDITIONS, il	ony, giving DUE TO, OR AS	A CONSEQUENCE OF:	
rise to the obove couse (A) UNDERLYING CONDITION lost.	sloling the		
	\-/************************************		
O OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR	T 1 (A).		
OTHER SIGNIFICANT CONDITIONS CO. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PERF	FORMED	NO NO 208. IF YES, V	VERE FINDINGS CONSIDERED 3 CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medicol exomine)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, a elc.)	n or oboul 21 C. WHERE DID (If In Bo	Itimore City, give exoct location)
Q 21 D. TIME (Month) (Doyl (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While AI Not Whil		
22. I certify that (I) (this hospital	Work At Work	CEMPED 13	
that (I) (we) last sow the decease		11 - 70	
	The second section of the section of th	manufacture and the thinky (out	opinian death occurred an the date
23A. SIGNATURE	ed obave. (1) (We) (dld) (dld nat) v	lew the bady after death.	
Ones Am	nes pul	nding Med. Staff	238, DATE SIGNED
23C. PHYSICIAN'S	DEGREE Phys		12/24/70
Adnon M. S.) nmez		1. MJ. 21228
REMOVAL (Specify) 248. DATE	24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or countyl (Stote)
BURIAL 12/28/7	O LOUDON PARK	BALTIMORE	MARYLAND
25A. DATE REC'D BY HEALTH DEPT.	258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 28 1970 PM	Ber E. Jaban M. B. 1	0 0 0 0	ONDSON AVENUE
VS 150-REV. 4/08			

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT		1740	10100
CERTIFICATE OF DEATH	REG. NO	70	12499

BIRTH NO. 70 12499	CERTIFICA	TE OF DEATH	REG. NO	70 12499
1. NAME OF DECEASED (Typ John on. Alice		2. DATE 12-	AND HOUR OF DEAT	н А.
3. PLACE IN BALTIMORE, MARYLAND, WHERE FULL NAME OF (IF NOT IN HOSPITAL OR	PRONOUNCED DEAD INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (WA. STATE FIDE B. COL	nero docoosed lived. If	institution: residence belore admission
Hilton Nursing 3313-Poplar-Street	INSTITUTION, GIVE STREET	c.city or town Baltimore	D. IN	SIDE CITY L'IMITS?
Baltimore. Maryland212		E. STREET AND NUMBER 1218 W. Nort	h Avenue	
P WID	RRIED NEVER MARRIED DIVORCED DIVORCED	10/8/98	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 His. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, Kind on working life, even if relired) HOUSE- Wife	IND OF BUSINESS OR INDUSTRY	Russia	reign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
15. Was Deceased Ever in U. S. Armed Forces? (Yas, no at unknown) (If yes, give wor or doles of se	1 6. SOCIAL SECURITY NO.	Mr. Miller Jo	hnson 2326	Address
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	4 - 11444 F. 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1	monery	ewphyse	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not meen the mode of dying, hearf lailure, osthenio, etc. It meens the difficulty or complication which caused death.) ANTECEDENT CAUSES	DUE TO, OR AS	A CONSEQUENCE OF:	1. 1	**************************************
DISEASES OR CONDITIONS, if any, rise to the obove cause (A) stating UNDERLYING CONDITION lost.	giving (B) DUE TO, OR AS (C)	A CONSEQUENCE OF:	· · · · · · · · · · · · · · · · · · ·	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	TING			P000000000 P00000000000000000000000000
19A-DATE OF OPERATION 19B CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	O 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (natify medical examines)	218 PLACE OF INJURY (e.g., in home, form, factory, street, olf etc.)	or about 21 C. WHERE DID	(If In Boltime	re City, give exect location)
21 D. TIME (Manth) (Day) (Year) (Hours (APPROX.)	White At Not White Work	21F. HOW DID IN	JURY OCCUR?	
22. I certify that (1) (this hospital) attenthat (1) (we) last sow the deceased office	ded the deceased from	A	19 <u>7 o</u> ta	12-23-1970
ond hour and from the causes stoted abo		2-19 <u>70</u> and the way the body ofter death.	not in (my) (our) opi	nion death occurred on the dote
23A. SIGNATURE 23A. SIGNATURE 23A. SIGNATURE	Reci DEGREE Atten	ding Med.	Staff Phys.	12-23-76
23C. PHYSICIAN'S PAME (1989) DR. Barbu	Calin	3D. ADDRESS		er Grove St.
Burial 12/26/70	Westover Cemetery			ly, town, or county) (Stoto)
DEC 28 1970 Pole NA			gusta, Georg	

J'som who I

70 12500 BIRTH NO.

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
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	-000	MEL	JUA	L EXAMINER 3	CEKIII	CATE OF	DEAL	REG. NO.	7U.3	KJUU
BIRTH NO.								KEO, 140,		
NAME OF DE			0:		2. DATE	Known 🖾	Month	Day	Year	Hnur
.,,,,	1	Margare	et a C	haney	OF DEATH	Estimoted				
. PLACE IN BA				RONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
ULL NAME OF	(IF NO	TIN HOSPITA	AL OR INS	STITUTION, GIVE STREET	PRONC	UNCED DEAD	12	26	70	1.15 -
OSPITAL OR INSTITUTION	ADDRE	:55 OR LOCA	IION)		E HICHAI	DECIDENCE OU				1:15 p
2 /					A. STATE	RESIDENCE (Where		B. COUNTY		
-3 1	Cit	ty Hosp	pital	S		Maryland		RALT	MORE	6 3
. SEX	7. RACE		B. MAR	RIED NEVER MARRIED	C. CITY O	R TOWN DOINE	ALK	D. INSIDE C		
female	white			WED DIVORCED		Baltimore	50 m		[m
DATE OF BIR		ID. AGE (In		If Under Yr. II Under 24 Hrs.	E CYDEET	AND NUMBER	0/2/0	Y	ES 🔲	NO D
		lost birthdo	y)	Months Doys Hours Min.	E. JIKEEI					
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BIRTHPLACE	State or foreig	in contry)		12. CITIZEN OF	13. FATHER	S'S NAME				
mi	ARYLA	ND		WHAT COUNTRY?		LOTT WI	HITEHL	=AD		
		-	148. KINI	O OF BUSINESS OR INDUSTR	Y 15. MOTH					
ne during most of	working life, ev	en if relired)								
		USEL	-		MK		RNEK			
WAS DECEA!	SED EVER IN	U.S. ARMED	FORCES	S? I7. SOCIAL SECURITY NO.	18. INFOR	MANT		118 e LA	DDRESS	NO AVE
NO		101 01 00103	of scivice	220-48-4079	LILLI	AN WOODR	ا تارانا	DUNDA		1 2112
19.	D 2	V.		CAUSE OF DEA		TO COUNT		1/2/01/14		PROXIMATE INTERVAL
1- 7	0/1	1		G. 100 01 DEP						EEN ONSET AND DEA
DISEA	SE OR COND		CTLY							
	LEADING TO			(A)IMMEDIATE	CAUSE MI	iltiple in	juries			
(This does	not meon the e, osthenta, etc. mplication which	mode of dy	ing, e.g.,	DUE TO, OR	AS A CONSEC	QUENCE OF:				
injury or co	mplication which	ch coused dec	ath.)							
	NTECEDENT			(B)						
DISEASES PISE TO TH	OR CONDITION	DNS, IF ANY	GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:				
	NG CONDITI	ON LAST.	IIIIO IIIE							
5		**		(c)						
OTHER SIGNOTHE DE DISEASE OF 20A. DATE C	NIFICANT CON	II	ONITRIPLE	TING						
TO THE DE	ATH BUT NOT	RELATED TO	THE TERM	UNAL						
DISEASE O	RCONDITION	GIVEN IN PA	ART 1 (A)							
ZOA. DATE C	F OPERATION	1 20B. CON	NOMION	FOR WHICH OPERATION W	AS PERFORI	MED			21. AUTO	PSY? (Yes or No)
									yes	
22A. EXTER	NAL CAUSE	WAS		228. PLACE OF INJURY (e.g.,	In or obout!	22C. WHERE DID /	II In Rollings	CIN also are		
UNDERLYING	OR CON	TRIB-		home, form, foctory, street, office home	bidg., etc.)	NUNRY OCCUR?	m in bollimon	City, give exo	el location)	
UTING C	USE OF DEA	TH.								
OF INJURY	(Month) (D	oy) (Year				22F. HOW DID INJ	URY OCCU	R?		
(APPROX.)	12 25	70]	10:10	PL. WHILE AT WORK AT V	WHILE YORK	jumped or	fell i	rom por	ch roc	of
23.				Al V	TORK LJ	0 1		1		
Lon	tify that I he	eld on le	nguiry [Inspection Au	topsy X	and that on th	le beele	looth to	anlatan	
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resu	ted from: N	atural caus	505	Accident L Suici	de LJ H	amicide L	Jndetermin.	ed manner	7	
ACTION	1100	1 -	11 4	(1)		CHIEF MEDICAL E	XAMINER			DAYE CIGALOR
SIGNAT		SNO	010	7/4	ASS	STANT MEDICAL E	XAMINER			DATE SIGNED
EXAMIN				M.E	,			7		
NAME (erner l	I. Sp	itz M.B.	Deputy	Chief Medical E	1 Cal F	aminer	1.0	2/27/70
A. BURIAL CRE		48. DATE	DP.	24C. NAME of CEMETERY						
EMOVAL (Spec	ify)			2	. 1		OCATION	0	or county)	(Stote)
(1 (11) E)		12-2	4-16	OAKLAU	1)1/	1 04	LTD. C	D. 12	d	
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A. DATE REC'D			, ,			// //	- 10	2/	Morre /	1 111
SA. DATE REC'D	BY HEALTH D	DEPT.	258. N	IAME OF REGISTRAR		FUNERAL DIRECTO	- 10	Ely, 7	ORESS (of MA
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